Annual Report
AHCA Contract MED128
Comprehensive Medicaid Utilization Management Program
July 1, 2011 - June 30, 2012

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EXECUTIVE SUMMARY

INTRODUCTION

Ensuring people get the right care at the right time…

….inspires us. Everyday.

eQHealth Solutions is extremely fortunate to work with the Florida Agency for Health Care Administration to further the mission of better health care for all Floridians. Our role in supporting this mission is relatively simple but extremely important, work with the state's health care providers to ensure that all requests for care are handled appropriately and timely. Further, they are done with empathy and expertise in an effort to encourage positive encounters between recipients and providers as well as find the appropriate level of care for each request.

eQHealth Solutions works with the Florida Agency for Health Care Administration (AHCA) under contract MED128, the Comprehensive Medicaid Utilization Management Program, or CMUMP. The contract was signed on February 24, 2011, and that day marked the beginning of approximately 90 days of rigorous development and implementation to begin contract services on June 1, 2011.

During these 90 days, we hired and trained staff, opened two offices, conducted state-wide face to face and webinar trainings for providers. We recruited and credentialed a panel of physicians, developed policies and procedures, desk-top protocols, workflows and algorithms to support our review processes. We established a call center.

We engineered eQSuite™, our electronic prior authorization system, to handle requests for care in all of the service levels addressed in the contract:

- Inpatient care (including emergency only services for undocumented non-citizens and BBA reviews or those who had exhausted their 45 inpatient days)
- Home health, private duty nursing (PDN) and personal care services (PCS)
- A NICU (neonatal intensive care unit) project
- A comprehensive care monitoring (CCM) program in Miami/Dade County
- Occupational, physical and speech therapies
- PPEC (prescribed pediatric extended care)

Then, on June 1, 2011, we opened our doors. Our web portal went live and our phone lines lit up. Our mission of supporting AHCA's mission had begun.

We began conducting prior authorization and retrospective reviews for all of the above services. During the first contract year, there was a monthly average of 3,174,273 recipients who were eligible for care. We reviewed requests for 272,564 unique recipients (unduplicated count). The following table delineates a high level look at the volume of work completed during the first contract year.

Setting	Reviews Completed	% Completed Timely
Total – All Settings	535,082	98.47%
Inpatien - (including BBA and Undocumented)	395,563	99.03%
Home Health/PDN/PCS – by Line Item	70,395	90.21%
PPEC – by Line Item (8 months)	3,616	99.72%
Therapy (OT, PT, and ST) – by Line item (8 months) *Does not include 21,498 administrative authorizations	65,508*	99.40%

ESTIMATED COST SAVINGS

ROI

eQHealth Solutions is pleased to report significant cost savings and ROI for our first year of operation. Of note is that these calculations were based on authorizations and may change slightly once claims data are received and aggregated.

Our ROI is the result of our cost savings compared with the cost of the programs. For our first contract year, the ROI is 13.14 to 1.

Inpatient Cost Savings

Cost savings by service and review type are delineated in the charts below, beginning with inpatient and followed by the various outpatient services.

Our inpatient table presents projections of estimated cost savings, based on authorizations that were given. Total estimated inpatient cost savings for our first year of operation was $150,999,868.

Appendices B and C of this report contain the details of the statistical calculations and unit rates used in cost savings estimates.

Total Inpatient Cost Savings

Service Level	$ Total Savings
Total FFS and MediPass*	$107,439,201
▸ Acute Med/Surg*	$99,900,108
▸ Acute Rehab	$7,539,093
Total BBA	$16,169,285
Total UDNC	$27,391,382
Total Inpatient	**$150,999,868**

* without BBA and UDNC

The following table details cost savings by denial type (full and partial) and the SmarTReview subset of authorized less than requested (ALTR). Columns B and C are a subset of column A. Column E is a subset of column D. Combined, columns A and D represent the total inpatient cost savings of $150,999,868

Total Inpatient Cost Savings

Service Level	(A) $ Savings Days Denied	(B) $ Savings Days Denied (full-denial)	(C) $ Savings Days Denied (partial denial)	(D) $ Savings Days ALTR	(E) $ Savings Days ALTR by SmarTReview
Total FFS and MediPass*	$26,346,294	$10,680,930	$15,665,364	$81,092,907	$25,060,200
▸ Acute Med/Surg*	$21,224,925	$7,386,822	$13,838,103	$78,675,183	$25,060,200
▸ Acute Rehab	$5,121,369	$3,294,108	$1,827,261	$2,417,724	$0
Total BBA	$15,709,183	$6,368,025	$9,341,158	$460,102	$1,095
Total UDNC	$27,391,382	$4,603,207	$22,788,175	$0	$0
Total Inpatient	**$69,446,859**	**$21,652,162**	**$47,794,697**	**$81,553,009**	**$25,061,296**

* without BBA and UDNC

Note: SmarTReview savings are derived from ALTR only and represent about 17% of total inpatient cost savings. The following table details the cost savings by review type for reviews with days denied at physician review and excludes ALTR outcomes.

AHCA recommended using the average inpatient per diem rate of $1,095.48

Total Cost Savings by Review Type Excluding ALTR Savings

Review Type	$ Savings from Days Denied (post recon)
Admission	$4,385,206
Continued Stay	$4,893,509
Retrospective	$57,451,353
Post D/C Continued Stay	$2,716,790
Total	$69,446,859

Outpatient Cost Savings

Note: All providers should submit claims using the correct modifier on all reviews and should reduce their claims for each as indicated in policy for subsequent reviews within the same residence. This is transmitted in claims, but not pertinent or captured in review request data. For our analysis, we assume that every recipient is the first in the sequence.

The total cost savings for outpatient review for the reporting year is $49,319,819. Columns B and C are a subset of column A.

Appendices B and C of this report contain the details of the statistical calculations and unit rates used in cost savings estimates.

Total savings for therapy are influenced by the following factors:

- The review program did not begin until November 1, 2011 (four months into the reporting year).
- The implementation policy required administrative authorizations for all existing plans of care until the conclusion of the plan of care, which ranged from a few days to almost the full six months. Utilization management only began on these recipients with the submission of the next plan of care.
- Changes in provider practice patterns cannot be analyzed and reported until complete claims data are obtained. For example: providers not requesting reviews for types of services that they may have previously billed Medicaid.

Estimated OPT Cost Savings due to Visits/Units Denied* by Service Level

Service Level	(A) Estimated $ Savings from Visits/Units Denied (post recon)	(B) Estimated $ Savings from Visits/Units Denied (post recon full-denial)	(C) Estimated $ Savings from Visits/Units Denied (post recon partial denial)
Total Home Health Visits	**$2,251,098**	**$398,315**	**$1,852,783**
Skilled	$191,168	$99,871	$91,296
▸ Skilled - RN	$82,846	$65,929	$16,917
▸ Skilled - LPN	$108,322	$33,942	$74,380
Aide	$2,059,931	$298,444	$1,761,487
▸ Aide - with skilled	$60,761	$16,744	$44,017
▸ Aide - without skilled	$1,999,170	$281,700	$1,717,470
Total PDN/PCS	**$44,848,722**	**$16,831,118**	**$28,017,604**
Total PDN	$25,858,737	$11,277,548	$14,581,189
▸ PDN - RN	$7,742,870	$5,317,589	$2,425,281
▸ PDN - LPN	$18,115,867	$5,959,959	$12,155,908
Total PCS	$18,989,985	$5,553,570	$13,436,415
▸ PCS-Licensed	$11,539,155	$3,484,140	$8,055,015
▸ PCS-Independent Unlicensed	$7,435,275	$2,069,430	$5,365,845
N/A	$15,555	$0	$15,555
Total PPEC	**$520,657**	**$374,222**	**$146,435**
▸ PPEC Full Day	$343,650	$246,998	$96,651
▸ PPEC Partial Day	$177,007	$127,224	$49,783
Total Therapy	**$1,699,342**	**$468,050**	**$1,231,292**
▸ Occupational	$507,437	$117,806	$389,631
▸ Physical	$454,491	$105,520	$348,971
▸ Speech	$737,414	$244,724	$492,690
Total OPT Savings	**$49,319,819**	**$18,071,705**	**$31,248,115**

* based on calculated visits/units denied.
The number of visits or units denied has been multiplied by the visit or unit cost

HIGHLIGHTS

Highlights of our first year of operation are presented in this section and are organized under major divisions of operation. For ease in reading, narrative discussions are presented in this section with more detailed data, statistics and graphs displayed later in the report under review of the utilization processes in each of the major areas.

Our staff is very pleased to emphasize that we reached stability in almost all areas of service (the exceptions being PDN, PCS and fair hearings) by the end of the first quarter of operation. PDN/PCS became stable by the end of the second quarter, as did the fair hearing process. We have a success story to tell for implementation of the new contract in each of our areas of operation and have outlined them below in the following areas:

- Provider Education and Training
- Medical Affairs
- Customer Service
- Human Resources (staffing)
- Internal Quality Control (IQC)
- Inpatient
- Neonatal Intensive Care Unit (NICU)
- Home Health, PDN/PCS
- Miami Dade – Comprehensive Care Monitoring (CCM)
- Prescribed Pediatric Extended Care (PPEC)
- CDC +
- Fair Hearings
- Therapy

Provider Education and Training

Throughout the first year of the contract, the provider education and training staff, under the direction of the director of provider education and training, focused on introducing the statewide provider community to eQHealth Solutions, establishing positive and productive relationships with both the providers and the local AHCA area offices and educating providers on the utilization management system and eQHealth policies and procedures.

The first phase of introducing the providers to eQHealth was face to face meetings in five strategic areas of the state. Each service type, inpatient, home health and PCS, was offered a distinct and specialized four hour introduction and training session. In addition to the Florida provider education and training staff, both eQHealth Solutions local and corporate senior administration and clinical staff attended and presented at each of the trainings.

Phase two of the implementation consisted of 30 webinars designed to re-introduce providers who may not have attended the live trainings to eQHealth and to provide specific instruction regarding requesting authorizations via our utilization management system, eQSuite™, and a live demonstration of all the functionalities of the system. Five question and answer webinars were scheduled after go-live to reinforce the original training and offer live, real-time responses to provider questions.

The questions asked during the face to face and webinar trainings were collated. The responses were researched and developed, approved by AHCA, and posted on our website. The frequently asked questions (FAQs) for each service type are maintained and posted as new authorization requirements are added and/or processes changed.

During this implementation period, we also assigned 5,126 eQSuite™ logons to individual and organization providers. eQSuite™ is designed to allow identified representatives from each organization to assign logons and grant levels of access to the organization's staff. A conservative estimate of the number of logons assigned during the implementation period is 20,000.

Prior to the go-live date, the public, dedicated Florida provider website was developed and deployed. Useful information, including, but not limited to provider manuals and user guides, required supporting documentation templates, service specific instructions (e.g. maternity admissions for inpatient facilities), FAQs, contact information and links to other useful sites (e.g. AHCA provider handbooks) was posted. The power points from all trainings were also posted in both audio and non-audio versions.

In addition to the website postings, two other means of communications were, and are, utilized. Important announcements including, but not limited to, planned system unavailability, major system updates and imminent process changes, are posted in the "notices" box in eQSuite™. Every provider with access to the system, at any level, views the notice immediately upon logging in.

Provider service type specific blast email distribution lists were developed and are maintained to ensure that providers receive timely notification of important information. There are currently four blast email distribution lists: Inpatient, home health, therapy, and CDC+ consultants. The DME provider distribution list is in development.

After the initial activities, the focus shifted to providing individual, group and organization support to facilitate the transition to eQHealth. The outreach activities included on-site, telephonic and go-to meetings.

During this period, provider education and training staff also conducted face to face introductory meetings with AHCA area offices to develop the opportunity to work collaboratively to identify area and/or provider specific training needs. That effort proved fruitful and the representatives are routinely invited to participate in area office sponsored trainings. The area office staff also reach out to eQHealth staff to assist in resolving provider and, occasionally, recipient issues.

Attendance at AHCA and advocacy organization (FHA, FHA Rehab, PPEC and home health work groups) also provided an opportunity for positive interaction with providers and their representatives and to identify and respond to areas of concern.

As relationships developed, and providers became familiar with the technical processes, the education activities shifted to addressing more complex issues. In coordination with the eQHealth Solutions clinical staff, webinar and face to face trainings were developed and presented to address specific areas of concern (e.g. developing a robust plan of care, avoiding "pended' authorization requests, providing the necessary clinical information when requesting rehabilitation authorization).

As authorization for PPEC and therapy were added to the scope of work, the department again focused on introducing the provider community to eQHealth Solutions and providing appropriate training. This was particularly challenging because these services were not previously managed by our predecessor. Twelve face to face and eight webinar trainings were offered to the PPEC providers and six face to face and twelve webinars were offered to the therapy providers.

Educational activities continued after the PPEC and therapy implementations. In conjunction with the clinical staff, webinars were scheduled to assist providers to comply with all the AHCA requirements for authorization. For the first time, eQHealth awarded CEUs to speech language pathologists, at no charge to the provider. Our goal is to continue to pursue opportunities to provide CEUs for other service providers.

Our efforts in provider education and training have been well received. Based on the training evaluations, which are routinely provided to AHCA, providers report a high degree of satisfaction with the effectiveness of our training activities. Based on provider comments and recommendations on the post-training evaluations, we continue to develop and refine trainings to best meet their needs.

A process was developed and implemented to formally report monthly departmental outreach and education activities to AHCA, via a posting on SharePoint, on the first business day of each month.

We also routinely receive expressions of appreciation for our timely and productive responses to their questions and concerns.

We enjoy working with our providers and anticipate continuing to provide a high level of services to the current provider community, while outreaching and educating new providers to the system.

Medical Affairs

The medical director's office and department assumes responsibility for the overall performance of the physician reviewers (PRs) so that eQHealth Solutions can meet the obligations of the contract.

The medical director and associate medical director, along with eQHealth's chief medical officer, recruited approximately 55 physicians of varying backgrounds and expertise to serve as our panel of second level reviewers. Each underwent a rigorous credentialing process that included primary source validation of Florida licensure, board certification, work history, hospital privileges and a background check – including the OIG's List of Excluded Individuals and Entities.

Extensive orientation and training is provided to each physician reviewer: covering Medicaid policies and procedures and handbooks, eQSuite™, medical necessity review criteria, as well as periodic updates when new programs are added or changes are made. Training is both face to face, when practical, and live Go-To Meetings conducted by the medical director, associate medical director and other clinical directors as appropriate.

The medical director and associate medical director monitor the performance of the physician reviewers through our IQC process as well as periodic review of notes and decisions entered in eQSuite™. Performance improvement plans and corrective actions are implemented for any physician from our panel whose performance does not improve with coaching and training. We have also added to the panel as we are always seeking to have consulting services available from an increasingly wide array of specialists. With the advent of reviewing records for past hospitalizations of undocumented non-citizens, we sought and found sub-specialists as needed to render an opinion. When we began to review therapies, we likewise expanded our panel to include additional developmental pediatricians.

A final function of the medical affairs department is to provide education and training to the first level reviewers employed by eQHealth. They accomplish this through one on one informal sessions as well as more formal "lunch and learn" meetings where case presentations are done and medical necessity decisions are highlighted and discussed.

The total number of physician reviewers and board specialty are presented below:

Summary of Physician Reviewers by - Specialty	
Medical Director (internal medicine)	1
Associate Medical Director (pediatric pulmonology)	1
Board Certified Specialty	**Number of Physician Reviewers**
Emergency Medicine	9
Family Practice	8
General Surgery	2
Internal Med	9
Neonatology	5
OB/GYN	6
Pediatrics	12
Podiatry	1
Psychiatry	1
Rehab	2
Total	55

Customer Service

Our customer service department serves as our interface with the provider community and is often the first impression that callers have of eQHealth. For these reasons, we stress competence, courtesy and good service skills. We maintain a mix of bilingual (English/Spanish) speaking representatives within this department at all times.

Though our statistics for the year show an average speed of answer of 32 seconds (two seconds over the requirement), a breakdown by quarters tells the story of new contract implementation progressing to steady state efficiency. By the second quarter we achieved an average speed of answer well under the requirement and maintained performance exceeding standards for the remainder of the contract year. Also, we maintain a web-based helpline entry system for providers to use to have their questions researched and answered as quickly as possible as an adjunct to the calling process.

Customer Service – Annual Call Center Statistics	
Calls Received	97,002
Calls Answered	93,995
% Calls Answered	97.0%
Average Speed of Answer	:32 (secs)
Calls Abandoned	3,006
Average Abandonment Time	1:09
% Calls Abandoned	3.0%
Note: eQHealth Solutions does not block any calls	
Help Line Tickets Processed	32,104

	July – Sept 2011	Oct – Dec 2011	Jan – Mar 2012	Apr – June 2012
Calls Received	23,493	27,957	25,105	20,846
Calls Answered	21,903	27,368	24,621	20,411
% Calls Answered	93%	98%	98.1%	97%
Average Speed of Answer	54 secs	27 secs	25 secs	24 secs

Human Resources/Staffing

Our human resources (HR) department, with assistance from our corporate HR division, is charged with recruiting, screening and recommending staff candidates to the appropriate hiring managers whenever there is a vacancy.

Initially, prior to June 1, 2011, the charge was to recruit, hire, orient and train the majority of the 137 FTE's to support the contract. All staff were not required for the June 1st date (for example, therapy and PPEC reviewers, among others, were not slated to be hired until the fall of 2011).

Once operational, we made changes in staffing patterns where necessary—increased customer service for the initial months of the contract and again when we brought up the therapies and PPEC in the fall.

We have performance-managed employees who lagged in either quality or speed of performance, and implemented appropriate corrective actions. Our IQC process assists greatly in identifying particular staff who need extra training and encouragement.

Listed below are some milestones of activity from the year.

- Hired and trained a total of 234 staff throughout the year. Given that this was a new contract implementation there was a higher than usual turnover rate.

- Completed 43 criminal background checks and motor vehicle registration checks on designated staff as related to job responsibilities (i.e. all staff that perform home monitoring visits to recipients, IT staff)
- Utilized and maintained relationships with seven local staffing agencies specializing in healthcare resources
- As of June 30, 2012, we had 143 FTEs working on the contract.

Internal Quality Control (IQC)

Contract MED128 is a complex, multifaceted program. IQC activities are key components for each of the deliverables. The program is designed to identify potential problems proactively or in the early stages by continually monitoring and evaluating performance.

The program is staffed with a director, three nurse specialists, and one contract compliance specialist. Staff in the program met with directors of the clinical departments to identify points that need to be monitored and to develop data collection tools.

Monitoring is done on a monthly basis for all employees. Any new and existing employees, identified by management, who are not performing as well as their peers, are monitored with greater frequency. Additionally, the nurse specialists participate in all clinical training that is offered in order to keep abreast of education in all departments.

Every aspect of our operation is monitored and tracked, from calls requiring the use of an interpreter line to the timeliness of letters that are mailed daily. Additionally, this department serves as a second check to our HR department to ensure that each new hire has the prerequisite credentials and that they attend all appropriate orientation and training sessions.

In our first contract year, this department conducted over 11,500 internal quality reviews/ monitoring activities related to staff performance of assigned responsibilities.

Inpatient Services

The inpatient review team handles the vast majority of our review requests and completed 395,563 for our first contract year. This is an average of 32,963 per month.

Even though this is our busiest area, with our tightest turn-around-time (TAT) requirement (four hours), we have consistently achieved more than 98% timeliness in the department, with 99.03% of total reviews timely for the entire year. Review services are provided 24 hours a day, seven-days a week.

The department consistently refers approximately 6% of all reviews for a second level opinion. Of those only 2.77% are completely denied. (BBA and undocumented non-citizens have higher denial rates of 36.9% and 17.68%, respectively because these are reviewed for emergency care only).

Staff education and training sessions are held on a weekly basis as well as when needed as new information or direction from AHCA comes to us. Inpatient nurses are assigned to assist customer service staff on a daily basis—serving as a resource to questions and answering specific helpline tickets.

NICU

On August 1, 2011 we began our NICU program in the five participating hospitals:

- Lakeland Regional Medical Center (Polk County)

- Brandon Regional Medical Center (Hillsborough County)
- St. Joseph's Women's Hospital (Hillsborough County)
- Mease Countryside Hospital (Pinellas County)
- Sarah Walker Women's Center at Morton Plant Hospital (Pinellas County)

Initially, our NICU nurses met some staff resistance about coming into the units of some of the facilities (the BayCare facilities) and meeting with families. With the help of AHCA and our medical directors, we were able to persevere and, ultimately, were accepted into all of the units.

During the 11 months of this program, we provided care management services to a total of 536 babies and families. Statistics comparing lengths of stay with the control group hospitals will be completed after claims data is received (more than 50% of the control group infants had no discharge date entered by their facility).

Based on what we have learned during this period, we will advocate for at least a different control group for the coming year's work. The control group had a much larger number of infants with a length of stay of three days or less. This suggests, on average, these infants were healthier than those in the NICU program. Our goal will be to find facilities that have more comparable NICU admissions.

We also learned that interventions with infants of very low birth weights led to fewer days in the NICU than with those infants whose family members did not receive the intervention and education. (data presented later in the report).

Home Health, PDN/PCS

Without a doubt, the PDN/PCS services have been our most complicated area of review. These reviews not only encompass decisions of medical necessity, but they also factor in the socio-familial conditions in the home, the ability of the parent(s) to care for the disabled child, and whether there are additional children (perhaps also disabled) in the home under the care of the parents.

These complexities do not translate into specific, easily predictable hours of service. Our referral rate to second level review is highest in this area (69.0 % - home health/PDN/PCS combined) as is our denial rate (27.25% - home health/PDN/PCS combined). One caveat is that we always refer aide-only requests for home health care for second level review, and that does affect the referral rate.

By the second quarter, post new contract implementation timeliness factor had increased to 92% and we were at 98% and 97.36% for the third and fourth quarters.

During the time we were maturing our processes, we worked closely with AHCA to help better define new criteria and guidelines for the PDN and PCS program, with special focus on the instrumental activities of daily living (IADL).

We participated in three quarterly state wide programs, presented by AHCA, to help educate the provider community. Additionally, we met on a regular basis with representatives of the larger agencies—Maxim and PSA. We had many telephonic interventions with a number of agencies to help them understand what documents were required for us to adjudicate a request. And, we provided nursing support to the customer service area to assist in answering some of the very complicated questions that came to us from providers and families.

PPEC

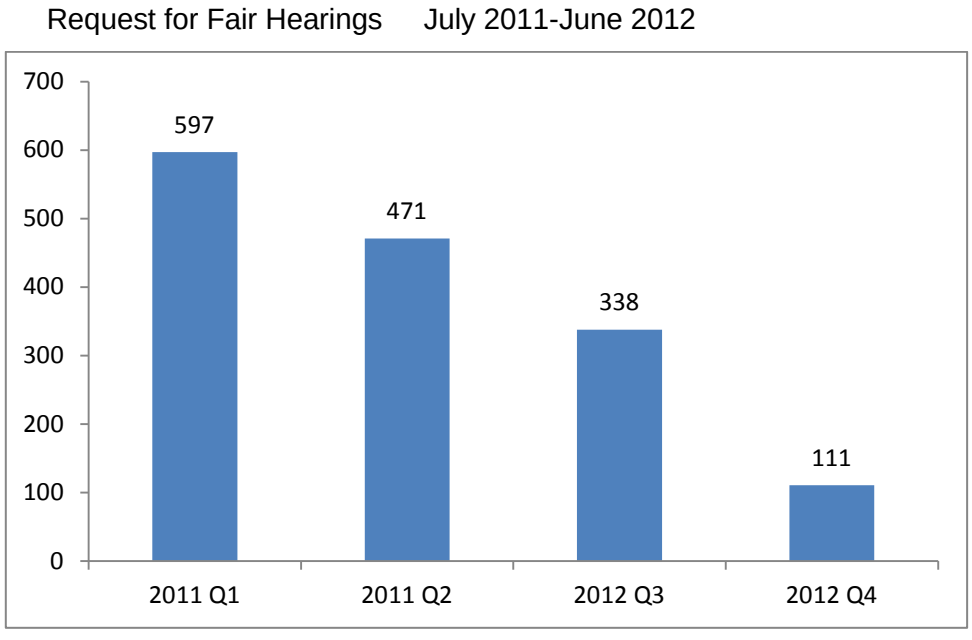
PPEC reviews began in November, and we have completed more than 1,800 reviews since then with a timeliness factor of 99.72%. We made a total of 1,024 education calls to parents to acquaint them with the PPEC programs and to suggest that they investigate this option for their child. We continue to educate parents and providers about PPEC programs whenever we receive a request for PDN care for a recipient we believe would benefit from PPEC enrollment.

CDC+

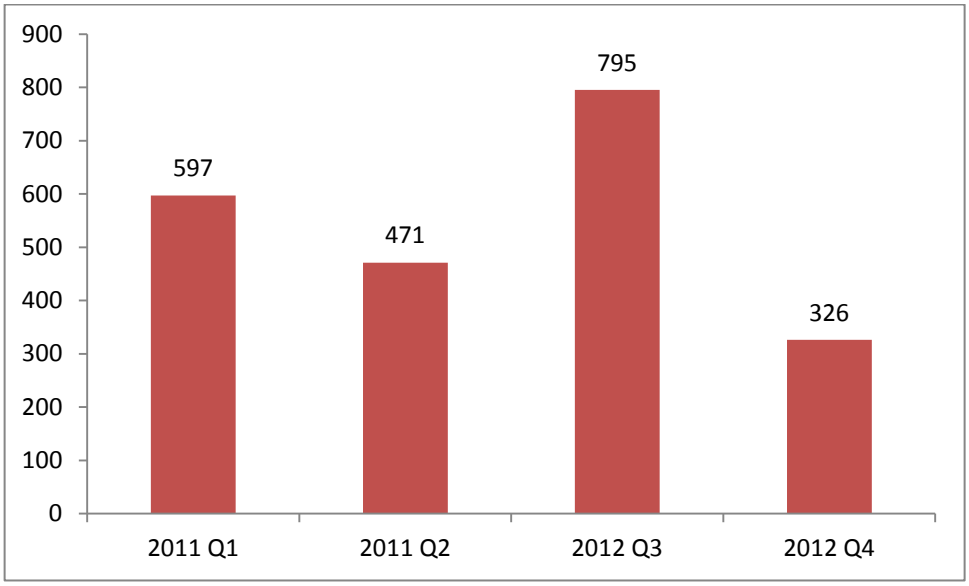
This newly added program began on June 5, 2012 and we began heavy training for the CDC+ consultants. By the end of June, we had already successfully completed six reviews without complications. We will have much more to report on this program for the next contract year.

Fair Hearings

As the new contract processes were improved, providers achieved success with their learning curve and eQHealth reviewers began processing recertifications from our previous decisions and fair hearing orders, we have seen a steady decline in the numbers of requests for fair hearings beginning in February 2012. We believe that the number of requests is the leading indicator of program efficiency since the actual number of FHs held is influenced by scheduling changes, continuances, and other factors. We received 597 requests for FHs during the first quarter, 471 in the second quarter, 338 the third quarter, and only 111 by the fourth quarter. An additional measure of our success was the very positive feedback we received from the AHCA area offices around the state.



Final Fair Hearing Orders Received July 2011–June 2012



Therapy

We began reviewing requests for outpatient therapies (occupational therapy, physical therapy, and speech/language therapy) on November 1, 2011. Our first eight months of operation resulted in 85,103 PAs successfully issued to providers. More than 23,000 of these were certified administratively during the established transition period with the remaining ~63,000 receiving a full medical necessity review.

A large component of launching therapy reviews was educating the provider community regarding requirements of documentation and essentials of entering information into eQSuite™.

The therapy department made a total of 3,583 calls educating providers, with 1,902 of them made during the month of November. As with our other clinical departments, the therapy department provided support to customer service to assist with questions. Additionally, 20 clinical webinars were presented to the provider community, with Q&A sessions immediately following each of them. With AHCA's leadership in establishing a well thought-out, fair and orderly implementation transition plan, the state experienced an extremely smooth implementation with minimal provider complaints.

We attribute this success to a planning process that addressed all of the potential pitfalls that we could anticipate, working closely with AHCA, and hiring additional customer service staff to cover the Go-Live. This implementation has served as a model of lessons learned and good planning, and will serve as a template for future implementations.

Miami/Dade CCM Program

In the thirteen months of operation, we made 4,404 home visits in the Miami/Dade County region to recipients receiving home health aide only services. This exceeded our target of 4,333.

When we began our work, it was apparent that there was already some level of success in fraud prevention that had been obtained—probably as a result of almost a year of visits by the incumbent QIO, and the Sandata project. We did not find widespread aberrant patterns that we would have expected to find even a year earlier.

We did, however, make a strong case for MPI to investigate two providers—one a local Miami home health agency, and the other a nurse who appeared to be "brokering" recipients among various agencies.

Other findings, though not fraudulent, served as opportunities to educate and train providers about documentation and consistency. In the last quarter of the contract year, we refocused our strategy to prioritize home visits to recipients receiving services from the high volume providers. This approach allowed us more organized data gathering as well as targeted training opportunities.

Based on lessons learned in Miami during this past year, we were able to formulate two new tools (one for use with home health and the other with PDN or PCS recipients) to offer for Agency approval for use in our expanded CCM program in the second contract year. Those tools are currently under review at AHCA.

REVIEW - PROCESSING DETAILS - JULY 2011 – JUNE 2012

eQHealth Solutions – Florida Division received 405,063 inpatient services (including BBA, undocumented non-citizens and rehabilitation) review requests. Review requests received for home health services (including PDN and PCS) totaled 34,812. PPEC review requests totaled 1,807 and therapy services review requests totaled 67,379.

Though slight variations in numbers of review requests received per month were observed, the variations were not significant. Overall volume was predictable and consistent without anticipated seasonal variations.

Total review requests by volume received across all settings totaled 509,061 as displayed in the following chart.

Review Processing Details - by Setting

Setting	#Reviews Received	#Reviews Not Eligible for Review	#Reviews Currently in Process	#Reviews That Were Ever Pended
Med/Surg/Rehab	405063	2969	6354	14025
BBA	3276	58	272	261
Undocumented	29479	125	815	984
HH/PDN/PCS	34812	1006	180	15038
PPEC	1807	13	4	756
Therapy	67379	462	931	16083
Total	**509061**	**4450**	**7469**	**45902**

Criteria: Based on Review Receipt date.
For pended reviews: Additional information may be received and review completed or review may be suspended

eQHealth Solutions completed a total of 535,082 review requests across all settings, denying 28,557 of them, for an overall denial rate of 5.33%. Note: more requests were completed in the time period than received because of processing the implementation carry over from the month of June 2011.
The denied review requests which totaled 28,557 included:

- 10,941 Inpatient – Med/Surg/ Rehab (including BBA and undocumented, non-citizen) reviews (2.77%)
- 16,555 Home Health/PDN/PCS reviews – by line item (23.52%)
- 40 PPEC reviews – by line item (1.11%)
- 1,021 Therapy Services reviews – by line item (1.56%)

Higher numbers and percentages for home health/PDN/PCS reviews are referred to second level physician review (PR), in general, because we perform 100% physician review (PR) of all home health aide (HHA)-visit unassociated with skilled nursing services (T1021) review requests. We also see a higher denial rate in the home health/PDN/PCS setting.

Denial Rates - by Setting

Setting	Completed	# PR Review	% PR Review	# PR Denied	% PR Denied	% Completed Denied
Med/Surg/Rehab	395563	23389	5.91	10941	46.78	2.77
BBA	2829	2294	81.09	1046	45.60	36.97
Undocumented	28739	10642	37.03	5082	47.75	17.68
----------By Line Item----------						
HH/PDN/PCS	70395	52869	75.10	16555	31.31	23.52
PPEC	3616	46	1.27	40	86.96	1.11
Therapy	65508	1404	2.14	1021	72.72	1.56

Criteria: Based on Review complete date.
Denied includes any portion of reviews or line items denied for medical necessity

TIMELINESS OF REVIEWS

The timeliness of the eQHealth Solutions medical necessity reviews is a key deliverable and measure of our ability to meet contract requirements. We are pleased to report that our overall timeliness factor for the year ending June 30, 2012 is 98.47%. The contract threshold is 98%.

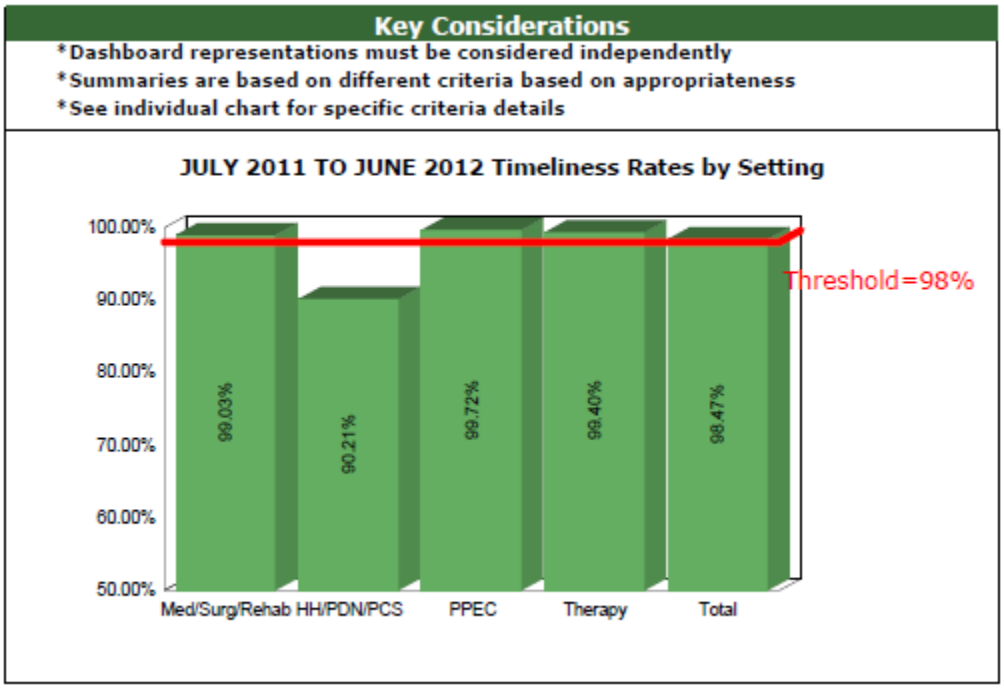
Our highest volume area, inpatient reviews including rehab, had overall timeliness for the year of 99.03%.

PPEC services, which began in November, have consistently carried a timeliness factor of above 98%. Annual timeliness in this area is 99.72%.

Therapy services, also beginning in November, have been consistently above our requirement, reporting a 99.40% timeliness since services began.

Our one area that was late in reaching compliance was the home health/PDN/PCS area. We were able to show significant improvement by the second quarter of contract implementation and achieved our target by the third quarter. Overall timeliness for the year in this area is 90.21%.

Total overall timeliness rates of review completion, across all settings, for the year ending June 30, 2012, was 98.47% as indicated in the following chart.



UTILIZATION REVIEW

The utilization review section is presented to highlight different ways to look at the data that has been collected from authorizations throughout the past year. We have arranged the data according to the major departments/services of our contract: inpatient; home health/PDN/PCS; PPEC; and therapy. Numbers presented are not intended to correspond *exactly* with numbers presented elsewhere because of the way they are tallied and displayed. They will also differ slightly from numbers that have been reported monthly and quarterly in our previous reports—because of a timing factor of when these data points were queried from our system.

Inpatient Review Services

The tables below are intended to guide the reader through different analyses of the utilization of inpatient (including rehab, BBA and undocumented non-citizen (UDNC) services. The first three tables present a broad brush look at the total volume of inpatient reviews, followed by a look at numbers of reviews and numbers of recipients in broad age categories (under 1 year, aged 1 to 20 years, and aged 21 and over).

Total Inpatient Review Volume by **Service Level**

Service Level	Reviews Completed	Hospitalizations	Recipients
Total FFS and MediPass*	360,874	276,195	209,390
▸ Acute Med/Surg*	358,188	274,125	209,187
▸ Acute Rehab	2,686	2,070	1,923
Total BBA	2,756	2,526	1,591
Total UDNC	28,654	28,654	24,812
Total Inpatient	**392,284**	**307,375**	**234,468**

* without BBA and UDNC

Reviews Completed by **Age Group** At Review and Service Level (current age in database)

Service Level	Under 1 Year Old	Aged 1 to 20 Years	Aged 21 and Over	All Ages
Total FFS and MediPass*	49,503	60,567	250,804	360,874
▸ Acute Med/Surg*	49,500	60,284	248,404	358,188
▸ Acute Rehab	3	283	2,400	2,686
Total BBA	1	14	2,741	2,756
Total UDNC	4	2,151	26,499	28,654
Total Inpatient	49,508	62,732	280,044	392,284

* without BBA and UDNC

Recipients by **Age Group** (age at the end of fiscal year)

Service Level	Under 1 Year Old	Aged 1 to 20 Years	Aged 21 and Over	All Ages
Total FFS and MediPass*	20,959	39,193	149,238	209,390
▸ Acute Med/Surg*	20,959	39,157	149,071	209,187
▸ Acute Rehab	2	157	1,764	1,923
Total BBA		7	1,584	1,591
Total UDNC	3	1,655	23,154	24,812
Total Inpatient	20,962	40,847	172,659	234,468

* without BBA and UDNC

The following two tables depict the number of reviews done by admission type and then the recipients by admission type. As we have noted in all of our monthly and quarterly reports, the majority of all inpatient admissions are emergency/trauma admissions. The number varies slightly over the months, but, typically, is approximately one-third of all admissions and one third of all recipients.

Many maternity reviews, including both vaginal and C-section are submitted by providers as "urgent" type review requests and should be considered when reviewing the following information. For clarification we have included additional information regarding each type of delivery in the second table.

Reviews Completed by **Med/Surg** Admission Type and Service Level

Admission Type	Acute Med/Surg*	BBA	UDNC	Total Med/Surg
Elective/pre-admit	49			49
Urgent	91,914	313	7,701	99,928
Baby Birth Admission	19,244	6	5,451	24,701
Baby Transferred Following Birth	2,505		14	2,519
Pediatric not Admitted to Nursery	1,323		22	1,345
Emergency/Trauma	134,567	2,189	14,858	151,614
Maternity-delivery or induction	2,605		560	3,165
Post Discharge Auth - Elective Procedure	19		1	20
Post Discharge Auth – Elective C section	33		33	66
Post Discharge Auth – Hysterectomy	3			3
Post Admission Auth - Elective Procedure	24	2		26
Post Admission Auth – Elective C section	42			42
Elective Admission – Non-surgical	57		1	58

Admission Type	Acute Med/Surg*	BBA	UDNC	Total Med/Surg
Prior Auth – Elective C section	10,516			10,516
Prior Auth – Hysterectomy	1,014			1,014
Prior Auth - Bariatric	438			438
Prior Auth - Elective Procedure	5,997			5,997
Total MED/SURG Reviews	**358,188**	**2,756**	**28,654**	**389,598**

* without BBA and UDNC

Number of Caesarean Sections	Number of Vaginal Deliveries	Total Number of Deliveries
34,507	71,523	106,030

Recipients by **Med/Surg** Admission Type and Service Level

Admission Type	Acute Med/Surg*	BBA	UDNC	Total Med/Surg
Elective/pre-admit	49			49
Urgent	81,269	271	7,230	88,630
Baby Birth Admission	19,162	6	5,419	24,586
Baby Transferred Following Birth	2,454		14	2,468
Pediatric not Admitted to Nursery	1,187		17	1,204
Emergency/Trauma	100,728	1,398	12,376	113,451
Maternity-delivery or induction	2,605		560	3,165
Post Discharge Auth - Elective Procedure	19		1	20
Post Discharge Auth – Elective C section	33		33	66
Post Discharge Auth – Hysterectomy	3			3
Post Admission Auth - Elective Procedure	24	2		26
Post Admission Auth – Elective C section	42			42
Elective Admission – Non-surgical	56		1	57
Prior Auth – Elective C section	10,450			10,450
Prior Auth – Hysterectomy	995			995
Prior Auth - Bariatric	428			428
Prior Auth - Elective Procedure	5,460			5,460
Total MED/SURG Recipients	**235,590**	**1,591**	**24,812**	**234,273**

*without BBA and UDNC

The next two tables present a look at the reviews completed by review type and the service area (acute, acute rehab, BBA, or undocumented alien). The acute medical surgical area is, of course, the area of the largest number of reviews contained in the contract.

Reviews Completed by Review Type and Service Area

Review Type	Total FFS/MediPass*	Acute Med/Surg	Acute Rehab	BBA	UDNC	Total Inpatient
Admission	139,421	138,349	1,072	338		139,759
Continued Stay	69,604	69,109	495	201		69,805
Retrospective	133,141	132,194	947	2,173	28,654	163,968
Post D/C Continued Stay	18,708	18,536	172	44		18,752
Total	**360,874**	**358,188**	**2,686**	**2,756**	**28,654**	**392,284**

* without BBA and UDNC

Recipients by Review Type and Service Area

Review Type	Total FFS/MediPass*	Acute Med/Surg	Acute Rehab	BBA	UDNC	Total Inpatient
Admission	112,558	112,348	992	255		112,590
Continued Stay	28,017	27,840	375	91		28,026
Retrospective	108,452	108,298	897	1,437	24,812	133,833
Post D/C Continued Stay	16,611	16,506	171	36		16,628
Total	**209,390**	**209,187**	**1,923**	**1,591**	**24,812**	**234,468**

* without BBA and UDNC

The following two charts display the reviews by service type and age group and then the recipients by service type and age group. The vast majority of inpatient services received are for recipients aged 21 and over.

Reviews Completed by Age Group At Review
Service Level (current age in database)

Service Level	Under 1 Year Old	Aged 1 to 20 Years	Aged 21 and Over	All Ages
Total FFS and MediPass*	49,503	60,567	250,804	360,874
▸ Acute Med/Surg*	49,500	60,284	248,404	358,188
▸ Acute Rehab	3	283	2,400	2,686
Total BBA	1	14	2,741	2,756
Total UDNC	4	2,151	26,499	28,654
Total Inpatient	**49,508**	**62,732**	**280,044**	**392,284**

* without BBA and UDNC

Recipients by **Age Group** (age at the end of fiscal year)

Service Level	Under 1 Year Old	Aged 1 to 20 Years	Aged 21 and Over	All Ages
Total FFS and MediPass*	20,959	39,193	149,238	209,390
▸ Acute Med/Surg*	20,959	39,157	149,071	209,187
▸ Acute Rehab	2	157	1,764	1,923
Total BBA		7	1,584	1,591
Total UDNC	3	1,655	23,154	24,812
Total Inpatient	**20,962**	**40,847**	**172,659**	**234,468**

* without BBA and UDNC

eQHealth Solutions' SmarTReview algorithms completed 170,813 reviews during the year. Of these, 70,450 were reviews handled by the maternity algorithm. Details are depicted below.

Reviews Completed by Service Area and **SmarTReview**

Service Level	# Smart Reviews**	# Total Reviews	% of Total Reviews
Total FFS and MediPass*	157,490	360,874	43.64%
▸ Acute Med/Surg*	157,490	358,188	43.97%
▸ Acute Rehab		2,686	0.00%
Total BBA	38	2,756	1.38%
Total UDNC	13,285	28,654	46.36%
Total Inpatient	**170,813**	**392,284**	**43.54%**

* without BBA and UDNC
** includes maternity SmarTReview

Non-Maternity Reviews Completed by Service Area and **SmarTReview**

Service Level	# SmarTReview**	# Total Reviews	% of Total Reviews
Total FFS and MediPass*	100,346	360,874	27.81%
▸ Acute Med/Surg*	100,346	358,188	28.01%
▸ Acute Rehab	0	2,686	0
Total BBA	17	2,756	0.62%
Total UDNC	0	28,654	0
Total Inpatient	**100,363**	**392,284**	**25.58%**

* without BBA and UDNC
**excludes maternity SmarTReview

Service Level	# Maternity SmarTReview	# Total Reviews	% of Total Reviews
Total FFS and MediPass*	57,144	360,874	15.83%
▸ Acute Med/Surg*	57,144	358,188	15.95%
▸ Acute Rehab	0	2,686	0
Total BBA	21	2,756	0.76%
Total UDNC	13,285	28,654	46.36%
Total Inpatient	**70,450**	**392,284**	**17.96%**

* without BBA and UDNC

The next two charts depict reviews by area office and service area and recipients by area office and service area. The highest volumes of both are in the Miami/Dade area (area office 11).

Reviews by **Recipient Area Office** and Service Area

Recipient Area Office	Total FFS and MediPass*	Acute Med/Surg*	Acute Rehab	Total BBA	Total UDNC	Total
1	18,621	18,492	129	141	222	18,984
02A	9,326	9,243	83	37	57	9,420
02B	5,904	5,853	51	29	182	6,115
03A	18,221	18,104	117	167	248	18,636
03B	20,240	20,129	111	105	475	20,820
4	31,351	31,185	166	232	620	32,203
5	23,555	23,397	158	180	817	24,552
6	42,599	42,352	247	229	3,571	46,399
7	39,780	39,574	206	394	3,021	43,195
8	24,986	24,811	175	106	2,865	27,957
9	31,476	31,277	199	323	4,666	36,465
10	22,705	22,454	251	218	3,882	26,805
11	69,453	68,661	792	593	8,027	78,073
Unknown	2,657	2,656	1	2	1	2,660
Total	**360,874**	**358,188**	**2,686**	**2,756**	**28,654**	**392,284**

* without BBA and UDNC

Recipients by **Recipient Area Office** and Service Area

Recipient Area Office	Total FFS and MediPass*	Acute Med/Surg*	Acute Rehab	Total BBA	Total UDNC	Total
1	10,167	10,163	84	64	201	10,383
02A	5,045	5,042	52	31	56	5,111
02B	3,878	3,872	27	17	174	4,055
03A	9,273	9,262	90	77	232	9,514
03B	11,956	11,947	80	52	446	12,412
4	18,991	18,975	134	163	580	19,609
5	12,984	12,973	106	124	732	13,744
6	24,817	24,802	179	159	3,249	28,119
7	25,461	25,446	159	201	2,657	28,145

Recipient Area Office	Total FFS and MediPass*	Acute Med/Surg*	Acute Rehab	Total BBA	Total UDNC	Total
8	14,540	14,518	123	77	2,598	17,158
9	19,040	19,025	149	180	4,026	23,093
10	14,497	14,473	196	125	3,247	17,758
11	36,918	36,866	543	319	6,613	43,542
Unknown	1,823	1,823	1	2	1	1,825
Total	**209,390**	**209,187**	**1,923**	**1,591**	**24,812**	**234,468**

* without BBA and UDNC

The next four tables depict details of inpatient referrals to second level review, reconsiderations and fair hearings (very small number). The high percentage of BBA and undocumented non-citizen (UDNC) denials reflect the slow movement of the facilities to adopt the emergency only criteria in their requests for authorization.

Total Physician Referrals, Denials, Reconsiderations, and Fair Hearings

Service Level	Reviews	Physician Referrals	Denied Referrals (Post-Recon)	Fully Denied Referrals (Post-Recon)	Partially Denied Referrals (Post-Recon)	Recons	Fair Hearings (request received)
Total FFS and MediPass*	360,874	10,411	3,588	1,746	1,842	2,512	8
Acute Med/Surg*	358,188	9,888	3,190	1,468	1,722	2,326	7
Acute Rehab	2,686	523	398	278	120	186	1
Total BBA	2,756	2,249	922	322	600	410	
Total UDNC	28,654	10,618	4,282	872	3,410	2,953	3
Total Inpatient	**392,284**	**23,278**	**8,792**	**2,940**	**5,852**	**5,875**	**11**

* without BBA and UDNC

Total Physician Referrals, Denials, and Reconsiderations by Review Type

Review Type	Reviews	Physician Referrals	Denied Referrals (Post-Recon)	Fully Denied Referrals (Post-Recon)	Partially Denied Referrals (Post-Recon)	Recons
Admission	139,759	2,933	641	338	303	645
Continued Stay	69,805	2,012	761	696	65	449
Retrospective	163,968	17,338	6,965	1,597	5,368	4,564
Post D/C Continued Stay	18,752	995	425	309	116	217
Total	**392,284**	**23,278**	**8,792**	**2,940**	**5,852**	**5,875**

BBA Physician Referrals, Denials, and Reconsiderations by Review Type

Review Type	Reviews	Physician Referrals	Denied Referrals (Post-Recon)	Fully Denied Referrals (Post-Recon)	Partially Denied Referrals (Post-Recon)	Recons
Admission	338	173	59	20	39	21
Continued Stay	201	134	38	30	8	16
Retrospective	2,173	1,911	815	264	551	371
Post D/C Continued Stay	44	31	10	8	2	2
Total	**2,756**	**2,249**	**922**	**322**	**600**	**410**

Undocumented Non-Citizens Physician Referrals, Denials, and Reconsiderations by Review Type - Retro Only

Review Type	Reviews	Physician Referrals	Denied Referrals (Post-Recon)	Fully Denied Referrals (Post-Recon)	Partially Denied Referrals (Post-Recon)	Recons
Retrospective	28,654	10,618	4,282	872	3,410	2,953
Total UDNC	**28,654**	**10,618**	**4,282**	**872**	**3,410**	**2,953**

There is an additional category of inpatient days that were saved through a process we term "authorized less than requested". (ALTR) We use this type of authorization ONLY at the inpatient level because it gives the provider the option of coming back into our system and requesting more days, while the patient is still hospitalized, if more days are needed. An example might be that a provider requests 10 days for a particular admission. We believe that seven days, based on Thomson norms, are appropriate. We authorize seven days for the facility and advise them to come back to us if they find that seven are not enough. The following table predicts the level of activity under this category. Days are counted as saved of the original 10 that are not ultimately requested and authorized.

Total Days Denied, Days ALTR

Service Level	Days Denied	Days Denied (full-denial)	Days Denied (partial denial)	Days ALTR	Days ALTR by SmarTReview
Total FFS and MediPass*	24,050	9,750	14,300	74,025	22,876
▸ Acute Med/Surg*	19,375	6,743	12,632	71,818	22,876
▸ Acute Rehab	4,675	3,007	1,668	2,207	
Total BBA	14,340	5,813	8,527	420	1
Total UDNC	25,004	4,202	20,802		
Total Inpatient	**63,394**	**19,765**	**43,629**	**74,445**	**22,877**

* without BBA and UDNC

Note: SmarTReview savings are derived from ALTR only and represent about 17% of total inpatient cost savings.

SmarT Review: Criteria-Driven Medical Necessity Determinations

SMART Review is eQSuite's™ criteria-based certification review system comprised of our proprietary diagnosis and condition specific clinical algorithms. Each algorithm is specific to the particular clinical diagnosis or condition and incorporates applicable business rules, medical necessity criteria and certified days policies. Our criteria are based on nationally and locally accepted standards of care. We derive the certified days at each review point from standard length of stay norms and AHCA approved policy. When all clinical criteria and administrative rules in an algorithm are satisfied, the system automatically generates a clinically valid medical necessity certification. Failure of any criterion in an algorithm forces the prior authorization request to be reviewed manually by a first level clinical reviewer.

Reviews Completed by Service Area and **SmarTReview**

Service Level	# Smart Reviews**	# Total Reviews	% of Total Reviews
Total FFS and MediPass*	157,490	360,874	43.64%
▸ Acute Med/Surg*	157,490	358,188	43.97%
▸ Acute Rehab		2,686	0.00%
Total BBA	38	2,756	1.38%
Total UDNC	13,285	28,654	46.36%
Total Inpatient	**170,813**	**392,284**	**43.54%**

* without BBA and UDNC
** includes maternity SmarTReview

Service Level	# SmarTReview**	# Total Reviews	% of Total Reviews
Total FFS and MediPass*	100,346	360,874	27.81%
▸ Acute Med/Surg*	100,346	358,188	28.01%
▸ Acute Rehab	0	2,686	0
Total BBA	17	2,756	0.62%
Total UDNC	0	28,654	0
Total Inpatient	**100,363**	**392,284**	**25.58%**

* without BBA and UDNC

**excludes maternity SmarTReview

Service Level	# Maternity SmarTReview	# Total Reviews	% of Total Reviews
Total FFS and MediPass*	57,144	360,874	15.83%
▸ Acute Med/Surg*	57,144	358,188	15.95%
▸ Acute Rehab	0	2,686	0
Total BBA	21	2,756	0.76%
Total UDNC	13,285	28,654	46.36%
Total Inpatient	**70,450**	**392,284**	**17.96%**

* without BBA and UDNC

Health Care Acquired Conditions (HCAC / OPPC) – Annual Summary

Health care acquired condition or other provider preventable condition (HCAC /OPPC)

New format and reporting requirements were implemented during the reporting year.

As indicated on the previous reports a total of 25 reported occurrences were documented from May and June 2012 – when new requirements became effective.

NICU CARE Management Program

The neonatal intensive care unit (NICU) care management program continues in the following five area hospitals.

- Lakeland Regional Medical Center (Polk County)
- Brandon Regional Medical Center (Hillsborough County)
- St. Joseph's Women's Hospital (Hillsborough County)
- Mease Countryside Hospital (Pinellas County)
- Sarah Walker Women's Center at Morton Plant Hospital (Pinellas County)

The five control group hospitals are:

- Tallahassee Memorial Healthcare, Inc. (Leon County)
- Bethesda Healthcare System (Palm Beach County)
- Fort Walton Beach Medical Center, Inc. (Okaloosa County)
- Bay Hospital, Inc. (Bay County)
- Lawnwood Regional Medical Center (St. Lucie County)

From August 1, 2011 until June 30, 2012, 536 newborns were included in the NICU care management project; 471 babies were discharged from the program. Additionally, 86 more neonates were placed in care management services, but were transferred at some point out of the facility. Per study protocol, babies who are transferred during the course of their NICU hospitalization are no longer included in the study population.

Total NICU Review Volume

	Recipients	Hospitalizations	Reviews Completed	Days Certified
Managed NICU	536	537	1,369	13,753
Control Group NICU	714	719	884	13,520
Total*	1,250	1,256	2,253	27,273

* review data

Number of Recipients by Review Type

	Managed NICU	Control Group NICU
Admission	498	218
Continued Stay	289	78
Retrospective	39	484
Post D/C Continued Stay	72	44

* review data

Number of Reviews Completed by Review Type

	Managed NICU	Control Group NICU
Admission	498	218
Continued Stay	760	133
Retrospective	39	489
Post D/C Continued Stay	72	44
Total*	**1,369**	**884**

* review data

NICU Physician Referrals, Denials, Reconsiderations, and Fair Hearings

	Physician Referrals	Denied Referrals (Post-Recon)	Reconsiderations	Fair Hearings
Managed NICU	1	1	1	0
Control Group NICU	0	0	0	0
Total*	**1**	**1**	**1**	**0**

* review data

NICU Reconsiderations by Review Type

	Reconsiderations	Upheld	Modified	Reversed
Managed NICU	1	1	0	0
Control Group NICU	0	0	0	0
Total*	**1**	**1**	**0**	**0**

* review data

Notes: The length of stay (LOS) is calculated as the total certified days from the admission date if the discharge date is missing or invalid (e.g. discharge date is earlier than the admission date).
The LOS is calculated as the difference between the discharge date and the admission date if the discharge date is valid.
Recipients with LOS less than or equal to 3 days were excluded from the study. Also, recipients with unknown gestational age were also excluded.

The NICU care coordinators (NCCs) have developed a professional and cohesive working relationship with the teams in the care facilities, while following the Medicaid neonates and their families through discharge. This is demonstrated by the number of neonates that have been discharged and the number of successful parent and family interactions. There have been 438 successful family interactions to date.

Family Interactions

Early family contact has shown the ability to assist the family with education about the needs of their new baby and to help with their discharge needs. Some areas that NCC's assisted families with include community resources, transportation and language interpretation. In some cases, they have been able to help prevent delays in discharge by coordinating physician follow-up and by assisting with the procurement of durable medical equipment (DME). Many of the neonates, for example, needed apnea monitors upon discharge. Some needed home health services to be in place at the time of discharge and eQHealth was able to facilitate the initiation of this service.

The goal of this project is to facilitate positive family interaction and interventions that prove beneficial to the neonate and his/her family. It is believed that greater support of and education to families will lessen lengths of stay in the NICUs. In addition to meeting the families on site, the NCCs contact the families by phone to evaluate and assist in meeting their needs. The family contacts promoted improved care of the neonate and increased family participation in planning for discharge. Although there will likely always be those families that are difficult or even impossible to reach, or resistant to our initial approaches, there have been many that this project has been able to assist.

Initially, the BayCare facilities did not allow our NCCs access to the NICU which prevented the ability to speak to the families at the bedside of their babies. As of March, 2012, the NCC's were permitted access. The increased access to the families at the bedside results in more frequent family interaction. It also places the NCCs in a more visible position to the families that results in families seeking them out and asking questions about their babies. We continue to work, in all five facilities, to determine methods that will allow for an even greater success rate in our contact with families.

Interactions between the NCC and families included the following:

- Determined the family's ability to be present in the NICU with their neonate. Working with the families helped identify appropriate community support, and working in conjunction with the facility's NICU team let us better identify their needs during the hospital stay.
- Worked with the NICU team to assist families with transportation to the hospital to be near their baby when lack of transportation was a barrier.
- Worked onsite to assist with meeting the family's basic care needs or be the liaison to the social worker.
- Evaluated plans for discharge, looked for opportunities that might facilitate the discharge
- Worked closely with the NICU teams at the facilities to assist the families with appropriate community resources that are available and might be beneficial to them.
- Acted as a compassionate and empathetic listener, providing reassurance as possible and affirming information they have been given. Followed up with the NICU team, if concerns were identified.
- Assessed the support system in place for the family/neonate upon discharge to determine if there were services that might be of assistance.
- Reviewed the discharge instructions that had been given to the family/care-giver, specifically addressing their understanding and comfort level with:
    - Medications to be administered;

- DME the patient was discharged with such as apnea monitors, GT equipment, trach care equipment, oxygen, pulse oximetry, etc;
- Follow-up appointments with pediatricians, specialty physicians, therapies, etc;
- Coordinating transportation for follow-up visits after discharge;
- Utilize our Spanish speaking NICU RN to communicate with families who speak little or no English.

NICU Discharge Summary

- Total number of deceased neonates was15.
- Total of neonates released to DCF custody was 29.
- Total number of neonates discharged with home health services was 54.
- Total number of neonates discharged with PPEC services only was zero.
- Total number of neonates discharged with PPEC and home health services was three.
- Total number of neonates discharged home without further services was 366.

Discharge Type	# Neonates
DCF custody or adoption	29
Home with Family	366
Home Health Services	54
PPEC	0
PPEC and Home Health	3
Expired	15
Other	4
TOTAL	471

Challenges and Successes for the Five Participating Facilities

From the implementation of this project, two of the participating facilities: Lakeland Regional Medical Center (Polk County) and Brandon Regional Medical Center (Hillsborough County) have worked closely with the NCCs to provide access to the facility and to allow them to enter and process the review information for both admissions and continued stays into eQSuite™. There has been an open and collaborative relationship between the NCC's and the NICU teams at these facilities, allowing them to actively participate in the weekly onsite visits with families at the bedside, communicate freely with the healthcare providers, and to access the medical records as necessary for additional information.

The remaining three facilities selected for the project are within the BayCare organization, and include:

- St. Joseph's Women's Hospital (Hillsborough County)
- Mease Countryside Hospital (Pinellas County)
- Sarah Walker Women's Center at Morton Plant Hospital (Pinellas County)

The initial response toward the project from these facilities was one of less than ideal cooperation. eQHealth worked with AHCA and BayCare in an attempt to address any concerns and to alleviate any misperceptions regarding the project.

Several meetings took place during the first year of this project in an attempt to strengthen our working relationship with BayCare team members. Attendees at various meetings included BayCare administrative staff, Pediatrix Neonatology, members from AHCA, and administrative staff from eQHealth. Our chief medical officer also visited the facilities during the first three months of implementation and held independent meetings with physicians within the BayCare organization. During these meetings we explained the NICU site selection process conducted by AHCA and the purpose and objectives of this project.

Our NCCs who were onsite completed all of the required hospital training and HIPAA compliance training required by BayCare. After the completion of all requirements, and four months after the program was implemented, the NCCs were invited to participate in multidisciplinary rounds, but they still were not granted access to the facility's NICUs. This lack of access limited their ability to meet or intervene with the neonates' families and/or caregivers.

After several meetings with BayCare team members, it was discovered that BayCare had experienced a breech in HIPAA compliance in the past with one of the onsite case reviewers from an independent insurance company. For this reason, they were hesitant to permit the NCCs access to their NICU units and their medical records in an effort to prevent this from happening again. BayCare explained their inability to restrict access to one facility, since all of their facilities are on the same healthcare information system.

Despite the challenges, eQHealth Solutions NCCs continued to participate in the weekly multidisciplinary rounds at the facilities and provide feedback to BayCare administration with ongoing meetings to describe the program and outcomes.

The NCCs worked hard to establish collegial relationships with the NICU teams at the facilities. They have accomplished this with a professional demeanor, providing assistance or information to the teams as they find opportunities, and demonstrating their clinical expertise during rounds – asking pertinent questions and offering suggestions as appropriate. Because the NCCs interact

directly with the NICU teams at the facilities, they have had the opportunity to gain the trust and respect of the teams.

As of March, 2012 the NCCs have been provided access to the BayCare NICUs and the bedside in order to enhance their availability to the families. This change in practice has allowed for an increase in the number of family interactions and interventions, both face-to-face and, later, via telephone. The NCC is more likely to receive an accurate contact number when they meet the families or caregivers in person, and as a result of meeting the families, they are more likely to make contact when they attempt to call.

It took several months to gain the trust of the BayCare facilities and, although there have been significant improvements in the relationship with these facilities in the past four months, there still remain some challenges to overcome. BayCare's reluctance to report on those neonates listed as self-pay often results in late notification or exclusion of those neonates from the NICU project (these babies often become Medicaid eligible). BayCare seems to have some level of concern about providing information on neonates who may not be Medicaid recipients. The NCCs continue to work collaboratively with the organizations to improve the success of the program while navigating within the constraints of the organizations. One process that has been put in place with the facility providing the largest number of NICU patients to the project includes the NCC providing the team with a list of neonates they expect to receive reports on, prior to attending the weekly rounds. The result of this process includes a smooth report process, more complete information and the receipt of discharge information to review with the family/care-provider.

Review of the Data

Preliminary data shows a wide variation in the diagnoses across the managed group and the control group. Reports suggest that extremely low birth weight neonates (ELBW) in the managed group had a decreased length of stay (LOS) by as much as seven days.

Another indicator of positive outcomes with earlier discharges in the 1,250 - 1,499 gram infants by as much as seven days. Other data suggest that the project interventions did not have an impact on the lengths of stay in categories other than the two above mentioned.

Average LOS by Birth Weight Category (grams)

	Managed NICU		Control Group NICU	
Weight Category (grams at birth)	N	LOS	N	LOS
< 500	0	0	2	81.50
500-749	18	81.28	16	88.25
750-999	20	66.10	29	59.62
1,000-1,249	33	54.79	47	49.26
1,250-1,499	38	35.03	46	28.54
1,500-1,749	42	22.10	63	19.83

	Managed NICU		Control Group NICU	
Weight Category (grams at birth)	N	LOS	N	LOS
1,750-1,999	66	16.61	99	15.32
2,000-2,499	106	15.07	155	11.03
>=2,500	207	15.78	259	9.27
Unknown	7	20.86	3	6.67

Average LOS by Gestational Age Category

	Managed NICU		Control Group NICU	
Gestational Age Category (weeks)	N	LOS	N	LOS
24	12	84.25	6	98.17
25-26	18	71.22	20	75.70
27-28	24	60.83	27	61.78
29-30	33	44.61	28	38.11
31-32	52	21.71	71	27.51
33-34	106	15.43	143	12.31
35-36	71	12.61	110	9.05
>36	132	17.10	136	9.63
Unknown	89	20.40	178	16.69

Average LOS by Diagnoses that are on the top 10 diagnoses list for the managed group

	Managed NICU		Control Group NICU	
Diagnosis	N	LOS	N	LOS
Resp Distress Syndrome	212	29.94	142	27.24
33-34 Weeks Gestation	95	15.54	157	12.62
NB Drug Withdrawal Synd	89	26.01	37	16.59
>36 Weeks Gestation	87	16.83	16	8.81
Preterm NB NEC >2.5 Kg	78	15.23	51	8.59
35-36 Weeks Gestation	73	12.36	112	9.17
Infant OBS-Infectious	65	19.15	141	16.17
31-32 Weeks Gestation	52	21.94	70	26.86
Preterm NB NEC 2-2.5 Kg	50	17.66	85	10.34
Extreme Immature 2-2.5 KG	47	13.34	15	12.93

Number of cases of primary diagnosis of deceased infants

Diagnosis	Managed NICU
Unknown	4
765.21 <24 comp wks gestation	3
771.81 NB septicemia [sepsis]	1
777.5 Necrot Enterocolitis NB	2
777.52 Stage II NEC Enterocolitis NB	1
777.53 Stage III NEC Enterocolitis NB	2
GR 4 IVH, liver distension, portal vein thickened, severe jaundice, congenital CMV	1
lethal cardiac lesion	1
Total	**15**

Definitive conclusions will need to be deferred until claims data analysis is completed. eQSuite™ records for over half of the neonates in the control group hospitals did not have a discharge date entered by the hospital.

Some of the challenges in comparing the data between the managed group and the control group include:

- Infants transferred to any of the participating facilities from another NICU often do not have information related to the delivery type, gestational age, whether or not it was an induction, etc.
- The largest participating NICU often has neonates with cardiac diagnoses admitted or transferred to their pediatric cardiovascular intensive care unit, resulting in the exclusion or removal of these neonates from the project, whereas other facilities likely accept and/or keep these patients in their NICU census. The inconsistent (between facilities) handling of the transfer (or non-transfer) of these babies means that data will not be comparable.
- The managed group completed approximately 76% of the reviews concurrently-even though three of the participating facilities entered their own reviews independently into eQSuite™. The control group completed approximately 35.9% of reviews concurrently (the majority for this group is completed retrospectively after the recipient is discharged).
- Family contact has increased significantly in the past four months following the NCCs access to the NICUs at BayCare facilities. Often it has been difficult to contact the families or caregivers of these neonates. Many do not have viable contact numbers, or the neonate has been removed from the custody of the family with no available follow-up contact information. The NCCs have worked to meet families early and establish a relationship that allows for continued interaction both during the hospitalization and following discharge.

- The NICU care coordinators documented deceased neonates for the facilities in the managed group, while there is no information available for this population in the control group.
- There is a difference in the number of patients in the control group versus the managed group and some of the reasons this has occurred is because:
  - Approximately 86 newborns failed to meet the managed care inclusion criteria and were excluded from the NICU care managed program.
  - All NICU patients that were transferred to another area within the hospital were excluded from the project. These newborns were not able to be tracked as most often the NCCs were not notified of their transfer prior to the transfer. All NICU patients with a LOS less than 3 days were excluded, even if they were admitted on the date of birth (the admit date would not be until the mother's discharge date).
  - There are discharge dates that are not entered in the control group and this may significantly impact the results and overall LOS comparison.
- The managed group applied all of the established exclusion criteria in order to have accurate data to report, while the control group only applied exclusion criteria for newborns that had a LOS of 3 days or less.
- The control group had a wide range in diagnoses and they varied tremendously whereby the managed group utilized a consistent range of diagnosis pertinent to the NICU population.

Summary

To recap, the relationship with the five participating facilities continues to become more collaborative and productive. The teams in these NICU facilities consist of neonatologists, discharge planners, social workers, and members from other ancillary services and in some cases, community representatives. This results in a multidisciplinary team working to provide excellent care in the most appropriate environment. The NCCs have worked diligently to alleviate any concerns the facilities might have with respect to this project and to develop a professional and collaborative working relationship. When not on-site, the NCCs maintain communication via fax, email and phone. As with any new project, this has required patience and persistence. Overall, it has proven to promote positive patient and family satisfaction, and the NICU teams at the participating facilities report appreciation for the information and assistance provided by eQHealth's NCC's.

For Consideration

We believe that a better match of facilities (in terms of the type and numbers of neonates that they treat) in the managed group and the control group would contribute to a much better study. We propose to meet with AHCA to hold a discussion regarding the selection of alternative facilities for either just the control group or for both the managed and control groups. Important factors to discuss and consider in a future selection include:

- Are there specific reasons to avoid the RPICC centers—either for the managed group or the control group?
- We need to determine that all facilities in both groups have Level III NICUs. Not all of the facilities in the first year had Level III NICUs, though we were unable to determine that until the study was already in progress.
- Need to consider whether the NICU supports only onsite deliveries or whether outside transfers from other facilities fill most of the beds.
- Need to include facilities who transfer neonates within their "facility system" so that we have the ability to follow the infant after a potential transfer.
- Having claims data from facilities around the state will assist us in better identifying more appropriate ones for inclusion in one or both groups.
- Consider matching infants in the managed vs. control group by one or more of the following rather than following all infants in a particular facility
  - Birth weight
  - Primary diagnosis
  - Gestational age

OUTPATIENT REVIEW SERVICES
HOME HEALTH, PDN/PCS, PPEC AND THERAPY

The outpatient review area includes services that we have reviewed for the entire year (home health/PDN/PCS) as well as new services that we have only been reviewing since November 1, 2011. Of all these review types, the most complex and the most time-consuming are the PDN and PCS reviews.

Statistics from all outpatient areas of service are presented in the following pages to assist in better understanding the kinds of services that have been authorized. The first two table's present outpatient review volume by service level and the recipients by review type and service level.

Total **Outpatient Review Volume** by Service Level

Service Level	Reviews Completed	Line Item Reviews Completed	Recipients
Total Home Health Visits	**25,808**	**45,123**	**7,446**
Skilled	4,688	6,280	2,339
▸ Skilled - RN	1,186	1,504	922
▸ Skilled - LPN	3,620	4,776	1,666
Aide	22,258	38,843	5,633
▸ Aide - with skilled	841	1,117	359
▸ Aide - without skilled	21,470	37,726	5,450
Total PDN/PCS	**7,304**	**28,059**	**3,394**
Total PDN	3,590	12,106	1,610
▸ PDN - RN	406	1,159	279
▸ PDN - LPN	3,266	10,947	1,520
Total PCS	3,832	15,953	1,924
▸ PCS by Licensed Agency	2,237	9,568	1,112
▸ PCS by Independent Unlicensed	1,576	6,342	880
NA**	19	43	17
Total PPEC	**1,803**	**3,612**	**1,347**
▸ PPEC Full Day	1,803	1,806	1,347
▸ PPEC Part Day	1,803	1,806	1,347

Service Level	Reviews Completed	Line Item Reviews Completed	Recipients
Total Therapy*	85,103	87,216	34,758
▸ Occupational	25,318	26,102	15,163
▸ Physical	19,402	19,922	12,444
▸ Speech	40,387	41,192	24,609
Total Outpatient	**120,018**	**164,010**	**44,046**

*Counts include all administrative certifications, including those that took place in October 2011
The automated report does not include those (21,498 reviews)
** item code not on list reviewed by eQHealth Solutions

Recipients by **Review Type** and Service Level

Service Level	Admission	Continued Stay	Retrospective	Modification	Total
Total Home Health Visits	**5,737**	**4,955**	**51**	**334**	**7,446**
Skilled	2,031	674	48	200	2,339
▸ Skilled - RN	800	153	36	35	922
▸ Skilled - LPN	1,390	578	12	172	1,666
Aide	4,077	4,526	4	158	5,633
▸ Aide - with skilled	246	192	1	19	359
▸ Aide - without skilled	3,893	4,435	3	139	5,450
Total PDN/PCS	**1,658**	**2,580**	**3**	**706**	**3,394**
Total PDN	643	1,270		404	1,610
▸ PDN - RN	117	164		52	279
▸ PDN - LPN	564	1,209		375	1,520
Total PCS	1,048	1,391	3	319	1,924
▸ PCS - Licensed Agency	435	862		239	1,112
▸ PCS - Independent Unlicensed	622	539	3	82	880
NA	17			2	17
Total PPEC	**1,347**	**408**		**16**	**1,347**
▸ PPEC Full Day	1,347	408		16	1,347
▸ PPEC Part Day	1,347	408		16	1,347

Service Level	Admission	Continued Stay	Retrospective	Modification	Total
Total Therapy	34,688	16,380	128	318	34,758
▸ Occupational	15,148	7,655	23	102	15,163
▸ Physical	12,393	5,101	76	84	12,444
▸ Speech	24,592	11,663	36	152	24,609
Total Outpatient	**41,458**	**23,017**	**182**	**1,365**	**44,046**

The following three tables delineate reviews, line item reviews, and recipients by area office and service level. It takes only a quick glance to see the high concentration of both services and recipients in the Miami/Dade (area office 11) locality.

Reviews by Recipient Area Office and Service Level

Recipient Area Office	Total Home Health Visits	Total PDN/PCS	PPEC	Total Therapy	Total
1	1,588	210	88	2,834	4,720
02A	150	57	31	1,435	1,673
02B	99	85	55	1,375	1,614
03A	29	152	45	4,334	4,560
03B	56	290	189	4,566	5,101
4	97	592	90	3,795	4,574
5	50	365	179	4,946	5,540
6	49	747	224	9,918	10,938
7	79	976	249	11,385	12,689
8	143	403	144	4,843	5,533
9	1,457	679	117	7,862	10,115
10	2,363	612	36	2,618	5,629
11	19,639	2,129	354	25,135	47,257
Unknown	9	7	2	57	75
Total	**25,808**	**7,304**	**1,803**	**85,103**	**120,018**

Line Item Reviews by Recipient Area Office and Service Level

Recipient Area Office	Total Home Health Visits	Total PDN/PCS	PPEC	Total Therapy	Total
1	2,582	769	176	2,864	6,391
02A	235	254	62	1,444	1,995
02B	182	285	110	1,379	1,956
03A	48	619	90	4,344	5,101
03B	90	1,028	378	4,588	6,084
4	130	2,326	180	3,817	6,453
5	108	1,523	358	4,982	6,971
6	75	2,790	448	10,225	13,538
7	112	3,959	504	11,498	16,073
8	242	2,273	288	4,858	7,661
9	2,347	2,814	234	7,971	13,366
10	3,988	2,074	72	2,758	8,892
11	34,972	7,324	708	26,430	69,434
Unknown	12	21	4	58	95
Total	**45,123**	**28,059**	**3,612**	**87,216**	**164,010**

Recipients by Recipient Area Office and Service Area

Recipient Area Office	Total Home Health Visits	Total PDN/PCS	PPEC	Total Therapy	Total
1	461	95	65	1,428	1,969
02A	45	24	21	676	739
02B	18	44	42	658	709
03A	17	72	35	2,092	2,151
03B	41	139	150	2,098	2,241
4	70	276	74	1,746	2,007
5	27	176	125	1,973	2,126
6	25	341	169	3,742	3,960
7	40	462	178	4,391	4,673
8	90	191	96	2,249	2,461
9	430	294	98	3,291	3,878
10	671	294	31	1,039	1,867
11	5,506	982	261	9,336	15,217
Unknown	5	4	2	39	48
Total	**7,446**	**3,394**	**1,347**	**34,758**	**44,046**

When therapy reviews were begun in November, AHCA granted a period of “administrative certifications” to providers in order to assist with a smooth transition. Providers were allowed to submit reviews of anyone in active care on or before the first day of November for administrative certification only. Specifically, the cases were not reviewed for medical necessity. Through this mechanism, providers did not undergo the administrative burden of data entering lots of information about their patients (often many in any given practice) all at one time. Rather, the data entering was staggered, depending on when each individual recipient came due for a continuing stay review.

During the transition period, 21,700 recipients received a total of 34,468 administrative certifications. Each discipline PT/OT/ST is a separate certification and additional “shore cert” were issued to cover an initial discrepancy between “6 months” and “180 days” definition.

A total of 29,112 recipients received 50,635 authorizations resulting from a full medical necessity review during these first eight months of operation. The following charts show details of these certifications.

Therapy Review Volume without administrative certifications

Service Level	Reviews Completed	Line Item Reviews Completed	Recipients
Therapy (without Admin Cert)	50,635	51,949	29,112
▸ OT (without admin cert)	14,696	15,183	12,482
▸ PT (without admin cert)	12,095	12,368	10,242
▸ ST (without admin cert)	23,844	24,398	20,123

Therapy Review Volume administrative PA# assignment only

Service Level	Reviews Completed	Line Item Reviews Completed	Recipients
Therapy (Admin Cert)	34,468	35,267	21,700
▸ OT (admin cert)	10,622	10,919	10,183
▸ PT (admin cert)	7,307	7,554	7,049
▸ ST (admin cert0	16,543	16,794	15,944

One of the drop-down boxes in eQSuite™ requires a provider to indicate whether or not an outpatient service (home health, PDN, PCS, PPEC or therapy) is for the purposes of maintaining the level of current functionality of the recipient. The following table depicts how these maintenance services were delineated by providers.

Review Volume - PDN/PCS Prior Authorization Requests for Maintenance Services

Maintenance Services	Reviews Completed	Line Item Reviews Completed	Recipients
Total Home Health Visits (HH)	23,999	42,408	7,716
▸ Skilled	5,317	8,965	2,310
▸ Activities of Daily Living (ADL)	18,682	33,443	5,406
Total PDN/PCS	8,610	32,580	4,674
▸ Skilled	3,670	13,354	1,984
▸ Activities of Daily Living (ADL)	4,940	19,226	2,690
PPEC	2,694	5,400	2,023
▸ Skilled	1,562	3,130	1,177
▸ Activities of Daily Living (ADL)	1,132	2,270	846
Total Skilled	10,549	25,449	5,245

Review Volume - Therapy Prior Authorization Requests for Maintenance Services

Maintenance Services	Reviews Completed	Line Item Reviews Completed	Recipients
Total Therapy	5,575	5,677	3,785
▸ Occupational	1,633	1,672	1,450
▸ Physical	1,298	1,322	1,167
▸ Speech	2,644	2,683	2,394

The next five charts depict reviews and recipients by county. They are included here primarily for the sake of interest, as well as potential future planning. Again, it is easy to see that services are clustered in Dade County.

Aide without Skilled Review Volume by Recipient County

County	# Reviews Completed	# Line Item Reviews Completed	# Recipients
Alachua	16	27	4
Bay	42	79	11
Brevard	7	15	2
Broward	1,970	3,430	401
Charlotte	4	7	1
Collier	8	11	3
Columbia	1	2	1
Dade	16,849	30,027	4,369
Duval	6	10	1
Escambia	964	1,528	228
Flagler	3	3	1
Gadsden	19	27	3
Hamilton	1	2	1
Hillsborough	25	38	8
Indian River	34	47	16
Lee	57	114	28
Leon	27	52	4
Manatee	1	1	1
Marion	5	7	1

County	# Reviews Completed	# Line Item Reviews Completed	# Recipients
Martin	33	51	7
Monroe	5	9	1
Okaloosa	31	60	7
Okeechobee	15	27	8
Orange	4	6	3
Osceola	6	9	1
Palm Beach	998	1,606	240
Pinellas	15	32	6
Santa Rosa	90	140	26
St Lucie	208	313	60
Volusia	11	17	3
Wakulla	6	13	1
Walton	5	10	2
N/A	4	6	1
Total State	**21,470**	**37,726**	**5,450**

Home Health Number of Recipients by County and Review Type

Home Health Visits					
County	Admission	Continued Stay	Retrospective	Modification	Total
Alachua	9	3			11
Baker	1	1			1
Bay	25	27		4	40
Bradford	1				1
Brevard	16	8			18
Broward	491	390	28	26	671
Charlotte	1	1			1
Citrus	10		1		11
Clay	10				10
Collier	18	3		1	19
Columbia	2				2

Home Health Visits					
County	Admission	Continued Stay	Retrospective	Modification	Total
Dade	4,363	3,854	15	258	5,501
Duval	33	1	1		34
Escambia	214	266		27	392
Flagler		1			1
Franklin	1				1
Gadsden		3			3
Glades	1	1			1
Hamilton		1			1
Hendry	1				1
Hernando	1				1
Highlands	1				1
Hillsborough	16	9		1	18
Holmes	3	2			3
Indian River	85	22		4	89
Lake	23	4	1	1	26
Lee	61	15	2	3	67
Leon	2	11		1	12
Liberty	1	1			2
Manatee	1				1
Marion		2	1		3
Martin	7	7			8
Monroe	5	2		1	5
Okaloosa	15	8			22
Okeechobee	11	6			11
Orange	13	1		1	13
Osceola	5	1			5
Palm Beach	162	205	1	1	254
Pasco	12	1			12
Pinellas	15	8		1	15

Home Health Visits					
County	Admission	Continued Stay	Retrospective	Modification	Total
Polk	4	1			5
Putnam	1				1
Santa Rosa	22	27		1	39
Sarasota	1	1			1
Seminole	2	2			4
St Johns	5				5
St Lucie	33	50	1	1	68
Suwannee	1				1
Volusia	19	5		2	19
Wakulla		1			1
Walton	8	2			8
Washington	1				1
Unknown	4	1			5
State	**5,737**	**4,955**	**51**	**334**	**7,446**

PDN/PCS Number of Recipients by County and Review Type

PDN/PCS					
County	Admission	Continued Stay	Retrospective	Modification	Total
Alachua	27	32		5	42
Baker	2	1		1	2
Bay	6	10		4	13
Bradford	2	2		1	2
Brevard	22	49		16	62
Broward	172	211		50	294
Charlotte	2	10		4	10
Citrus	5	6		1	9
Clay	17	18		5	28
Collier	10	23		8	29
Columbia	10	11		2	13
Dade	445	760		185	981

PDN/PCS					
County	Admission	Continued Stay	Retrospective	Modification	Total
Desoto		2			2
Dixie	1	1			1
Duval	73	75		20	116
Escambia	35	41		13	60
Flagler	12	7		3	13
Gadsden	1	2			2
Hardee	1	1			2
Hendry		2		2	2
Hernando	16	27		9	35
Highlands	4	8		1	10
Hillsborough	95	166		42	214
Holmes		2			2
Indian River	11	11		4	16
Jackson	3	4		2	6
Jefferson		1		1	1
Lake	26	43		15	53
Lee	51	92		34	121
Leon	20	23		6	35
Levy	2	2		1	4
Liberty	1	1		1	2
Madison	2	1			2
Manatee	20	30		5	41
Marion	24	33		6	40
Martin	8	8			12
Monroe	1	1			1
Nassau	8	7		4	13
Okaloosa	12	17		7	21
Orange	115	195	3	41	246
Osceola	62	67		16	92

PDN/PCS					
County	Admission	Continued Stay	Retrospective	Modification	Total
Palm Beach	80	186		65	229
Pasco	43	59		18	82
Pinellas	50	66		17	94
Polk	24	64		23	74
Putnam	4	5			6
Santa Rosa	8	5		4	12
Sarasota	14	19		4	27
Seminole	25	52		20	62
St Johns	14	22		4	27
St Lucie	16	25		12	37
Sumter	1	1		1	2
Suwannee	2	1			3
Taylor	1	1			1
Union	1	1			1
Volusia	48	63		20	77
Wakulla	1				1
Walton	1	1			2
Washington		3		2	3
Unknown	1	3		1	4
State	**1,658**	**2,580**	**3**	**706**	**3,394**

PPEC Number of Recipients by County and Review Type

PPEC					
County	Admission	Continued Stay	Retrospective	Modification	Total
Alachua	31	8			31
Baker	1	1			1
Bay	21	10			21
Brevard	26	8		1	26
Broward	31	5			31
Charlotte	1	1			1
Citrus	2				2
Clay	1				1
Collier	38	27			38
Dade	259	87		1	259
Duval	34	7		1	34
Escambia	37	13		1	37
Flagler	1				1
Gadsden	5	2		1	5
Hernando	23	3			23
Hillsborough	55	16		1	55
Indian River	2				2
Jefferson	1				1
Lake	49	13			49
Lee	44	11			44
Leon	34	9			34
Levy	2	1			2
Manatee	24	7			24
Marion	71	19			71
Martin	4	1			4
Monroe	2	1			2
Okaloosa	22	7			22
Orange	112	41		1	112
Osceola	17	3		1	17

PPEC					
County	Admission	Continued Stay	Retrospective	Modification	Total
Palm Beach	49	6		2	49
Pasco	12	2			12
Pinellas	113	40		3	113
Polk	90	29		1	90
Putnam	2				2
Santa Rosa	3	1			3
Sarasota	13	7			13
Seminole	23	8		2	23
St Johns	6				6
St Lucie	43	9			43
Sumter	5	2			5
Volusia	31	3			31
Wakulla	2				2
Walton	3				3
Unknown	2				2
State	**1,347**	**408**	**0**	**16**	**1,347**

Therapy Number of Recipients by County and Review Type

Therapy					
County	Admission	Continued Stay	Retrospective	Modification	Total
Alachua	963	428	1	11	964
Baker	5	1			5
Bay	497	232	4	4	500
Bradford	118	52		1	118
Brevard	568	251	1	8	568
Broward	1,033	413	15	6	1,039
Calhoun	13	2			13
Charlotte	122	45		1	122
Citrus	299	141	2	1	300

Therapy					
County	Admission	Continued Stay	Retrospective	Modification	Total
Clay	129	49			129
Collier	589	241		5	589
Columbia	222	88	3		225
Dade	9,285	4,714	26	65	9,294
Desoto	95	33			95
Dixie	63	22	1		63
Duval	344	86	6	1	347
Escambia	648	233	10	13	654
Flagler	291	113		14	291
Franklin	7	2			7
Gadsden	106	29			106
Gilchrist	91	33			91
Glades	6	2			6
Gulf	21	9	1		22
Hamilton	40	15	3		42
Hardee	108	31	1		109
Hendry	64	21		2	64
Hernando	351	163	2	4	353
Highlands	121	28			121
Hillsborough	2,099	1,186	2	21	2,100
Holmes	29	5			29
Indian River	296	159	3	2	297
Jackson	75	32		1	75
Jefferson	11	1			11
Lafayette	10	1		1	10
Lake	514	221	3	3	517
Lee	1,005	439	4	9	1,007
Leon	435	198	2	2	436
Levy	216	94	1	2	217

Therapy					
County	Admission	Continued Stay	Retrospective	Modification	Total
Liberty	7	1		1	7
Madison	13	3			13
Manatee	412	231	2	8	412
Marion	843	347		7	843
Martin	196	101		3	196
Monroe	42	13			42
Nassau	43	16			43
Okaloosa	410	168		3	410
Okeechobee	92	20		1	92
Orange	2,428	1,261	2	22	2,429
Osceola	794	416	2	2	796
Palm Beach	1,758	810	3	25	1,759
Pasco	697	352	3	6	698
Pinellas	1,274	679	2	27	1,275
Polk	999	525	1	4	1,000
Putnam	175	49		3	175
Santa Rosa	289	94	5	3	292
Sarasota	365	123	2	3	366
Seminole	596	336	3	9	598
St Johns	205	77		1	205
St Lucie	947	498		5	947
Sumter	83	32	3		85
Suwannee	153	65	5	2	158
Taylor	32	8			32
Union	29	7		2	29
Volusia	724	276	3	4	726
Wakulla	40	17			40
Walton	72	21			72
Washington	42	18	1		43
Unknown	39	3			39
State	**34,688**	**16,380**	**128**	**318**	**34,758**

The next chart delineates units saved through our authorization processes in the outpatient services. The one following it converts those units to dollars to show total projected cost savings in the outpatient area. One word of caution is that savings in this area is more difficult than inpatient to measure because of the influence of units and dollars associated with administrative authorizations (or client continuation hours) associated with the Fair Hearing process.

OPT Visits/Units Saved*

Service Level	Visits/Units Denied (post recon)	Visits/Units Denied (post recon full-denial)	Visits/Units Denied (post recon partial denial)
Total Home Health Visits	**124,785**	**20,513**	**104,272**
Skilled	6,805	3,420	3,385
▸ Skilled - RN	2,669	2,124	545
▸ Skilled - LPN	4,136	1,296	2,840
Aide	117,980	17,093	100,887
▸ Aide - with skilled	3,480	959	2,521
▸ Aide - without skilled	114,500	16,134	98,366
Total PDN/PCS	**2,310,250**	**808,985**	**1,501,265**
Total PDN	1,044,251	438,747	605,504
▸ PDN - RN	266,078	182,735	83,343
▸ PDN - LPN	778,173	256,012	522,161
Total PCS	1,265,999	370,238	895,761
▸ PCS-Licensed	769,277	232,276	537,001
▸ PCS-Independent Unlicensed	495,685	137,962	357,723
N/A	1,037		1,037
Total PPEC	**9,760**	**7,015**	**2,745**
▸ PPEC Full Day	1,952	1,403	549
▸ PPEC Partial Day	7,808	5,612	2,196
Total Therapy	**100,138**	**27,581**	**72,557**
▸ Occupational	29,902	6,942	22,960
▸ Physical	26,782	6,218	20,564
▸ Speech	43,454	14,421	29,033

* Visits/units saved are the number of visits/units that have been fully or partially denied after reconsideration

COMPREHENSIVE CARE MONITORING PROGRAM – MIAMI/DADE

Annual Summary

During the first year of the contract, eQHealth Solutions completed 4,404 on-site home visits to home health recipients in the Miami/Dade area for the comprehensive care monitoring program.

Of this total 3,781 or 85.8% were fully approved for home health aide (HHA) visits- unassociated with a skilled nursing service (T1021). 202 or 4.6% was fully denied for this service request and 342 or 7.7% received partial approval.

On a statewide basis – 1,836,462 home health visits (T1021 with "GY" or no modifier) were requested and 1,659,104 visits were approved which represents a 7.9% denial rate.

Miami - Dade Home Visits		
4,404 Total On-Site Home Visits to Recipients		
3,781	85.8%	recipients w/ fully approved request
202	4.6%	recipients w/ fully denied request
342	7.7%	recipients w/ partial approval
54	1.2%	awaiting supporting documentation
30	.68%	reconsideration is complete
Home Health Aide Visits Statewide (T1021 with "GY" or no modifier)		
Total Visits Requested:	1,836,462	
Total Visits Approved:	1,659,104	
Total Visits Denied:	145,958	7.9%

During the course of the year, our nurses in the Miami/Dade office gathered information on a number of providers. Two providers had information that reached "the alarm" stage and they prepared a thorough, detailed document outlining concerns on each of them. These reports were submitted to AHCA for referral to Medicaid Program Integrity (MPI).

They also gained much information that was helpful to our organization – such as how much a face-to-face visit in the home helps pull together all of the pieces of the picture of the health and needs of the recipient. The visits also helped us refine our "documentation tool" that we utilized when we made the home visits. With this experience coupled with what we know of the documentation usually submitted with review requests for PDN and PCS care, we were likewise able to design a tool and plan to use for PDN/PCS home visits in the expanded CCM program for the next contract year.

HOSPITAL UTILIZATION REVIEW PLAN - ANNUAL SUMMARY

Initiated in April 2012 – completed June 30 2012.

The hospital utilization review plans were completed using an electronic review instrument. Hospitals were notified via e-mail, if available, and a letter informing them of the results of their review. Specifics regarding missing components or requirements were provided to all hospitals / facilities with a score of incomplete and a written recommendation to correct the deficiencies prior to the utilization plan review in 2013. A summary of our findings is presented in the following table:

Summary of Hospital Utilization Plan Reviews	
Total Number of Hospitals	236
Total Number of UR Plans Reviewed	200
Total Number of UR Plans that Passed All components submitted & criteria met	139
Total Number of UR Plans Incomplete Missing components or some criteria not met.	61
Total Number of UR Plans Not Submitted	36

MEDICAL RECORD REVIEW - BUREAU OF MEDICAID PROGRAM INTEGRITY'S UNDOCUMENTED ALIEN PROJECT - 332

As a part of contract MED 128, eQHealth Solutions was charged with reviewing/auditing 2000 medical records of the Agency's choosing and at their direction for the first contract year. Charts selected for this first year were medical records of undocumented aliens who had received inpatient care in the calendar year 2007. We were also requested to re-review 56 records from care rendered in calendar year 2006, reviewed by the previous contractor. Records were reviewed to determine if Medicaid billing stopped at the point in time when the emergency ended. If Medicaid liability went beyond that point, we made a determination when that occurred and reported that time, for each of the cases, to the Agency (AHCA/MPI).

Work was completed at both the nurse review (first level) and at physician review (second level). At the second level, physicians reviewing the cases were matched to the specialty required for the care of the recipient.

The nurse reviewer was charged with:

- Identifying the emergent complaint driving the inpatient admission
- Determining if the admission came through the emergency department (ED)
- Determining if the primary admitting diagnosis was directly related to the presenting emergent complaint
- Performing a clinical chart abstraction and preparing the case for review by the medical peer (physician) reviewer

The physician reviewer had responsibility for:

- Validating the nurse reviewer's finding of the emergent complaint driving the inpatient admission
- Validating the nurse reviewer's findings of the relationship between the presenting emergent complaint and the admitting diagnosis
- Determining the point in time that the emergent complaint was stabilized
- Determining if medical stabilization occurred during the 48 hour observation period
- Determining if (and when) the presenting emergent complaint was stabilized after the inpatient admission but before the actual discharge date

Reduction of days is presented in the following table:

Calendar Year	Total Medical Records Requested	Completed Medical Record Reviews	Total Reduction in Days Based on Physician Review
2006	56	56	326
2007	2,233	1,992	7,207

CUSTOMER SERVICE

Customer Service received a total of 97,002 calls during the contract year Total calls answered were 93,995 for an average answer rate of 97.0% which remains within contractual requirements of 90% or greater. The average speed of answer for all calls was 0:32 seconds which exceeds the contractual standard of < 0:30 seconds.

Customer Service – Annual Call Center Statistics	
Calls Received	97,002
Calls Answered	93,995
% Calls Answered	97.0%
Average Speed of Answer	:32 (secs)
Calls Abandoned	3,006
Average Abandonment Time	1:09
% Calls Abandoned	3.0%
Note: eQHealth Solutions does not block any calls	
Help Line Tickets Processed	32,104

Previous quarterly results are presented here to indicate continuous improvement in response times-specifically average speed of answer, percent of calls answered and a reduction in percent of calls abandoned as the new contract implementation phase matured into the steady state phase.

	July – Sept 2011	Oct – Dec 2011	Jan – Mar 2012	Apr – June 2012
Calls Received	23,493	27,957	25,105	20,846
Calls Answered	21,903	27,368	24,621	20,411
% Calls Answered	93%	98%	98.1%	97%
Average Speed of Answer	54 secs	27 secs	25 secs	24 secs

PROVIDER EDUCATION AND TRAINING

One of the highlights of our first contract year of operation is the remarkable success story of our provider education and training department. This department was charged with interfacing with the Florida provider communities in a way to educate them, sometimes change behavior, and to foster a positive relationship between them (the providers), eQHealth, and AHCA. Initially, this involved educating large numbers of providers about the change in contractors, followed by training on how to use our web-based authorization system, while continuing to educate them about AHCA and Medicaid policies.

This department consistently receives unsolicited positive feedback from the provider community. They are sought out when providers have questions or encounter problems and are complimented on both the speed and accuracy of our responses.

We believe the success of this department has been driven by the fact that staff members truly enjoy providers and working with them. Where difficulties could arise, they instead see opportunities to be helpful and to form lasting positive relationships. And, they have done just that. The work for this department began as tasks to be done. It became, along the way, an exciting and integral part of how we partner with our community of providers.

Provider Education and Training activities previously described were accomplished primarily by:

- Face to Face group and individual training
- Webinars
- Go-to meetings
- Telephonic assistance
- Agency and Details of the activities described previously
- Website postings
- Blast emails

Summary

ACTIVITY	NUMBER
Face to Face Training	
Implementation Face to Face Training	24
PPEC Face to Face Training	12
Therapy Face to Face Training	6
Other Face to Face (facility/group)	120
Webinars	
Implementation	30
Implementation Q&A	5
PPEC Implementation	8
Therapy Implementation	12
HCAC/OPPC	5
CDC+ (still in process)	4
Other (provider specific)	40+
Communication	
Communication (postings/blast emails/notices)	125
Agency and Advocacy	
FHA	5
FHA Rehab	2
AHCA Area Offices	30+
PPEC Workgroup	3
Home Health Workgroup	2
Outreach	
Telephonic/Go-To meetings	800+

SPECIAL PROJECT:

REDUCTION OF ADMINISTRATIVE BURDEN ASSOCIATED WITH FAIR HEARING REQUESTS

Synopsis

One of the greatest challenges presented to eQHealth Solutions during the first full year of operation was managing the volume and pace of fair hearing (FH) requests and providing physician participation in the actual hearings. By January of 2012, the FH volume exceeded 1,068; by the end of June it had reached 1,517. Of these requests, 1,336 (or 88%) were for PDN or PCS requests.

The large number of FH requests created a challenge of hearings within the DCF's Office of Appeal Hearings, itself. This, in turn, increased the time between the initial FH request and the resolution of the matter in question—the final order. The delay in receiving a scheduled FH date was often in excess of 60 days at the height of the numbers of hearings.

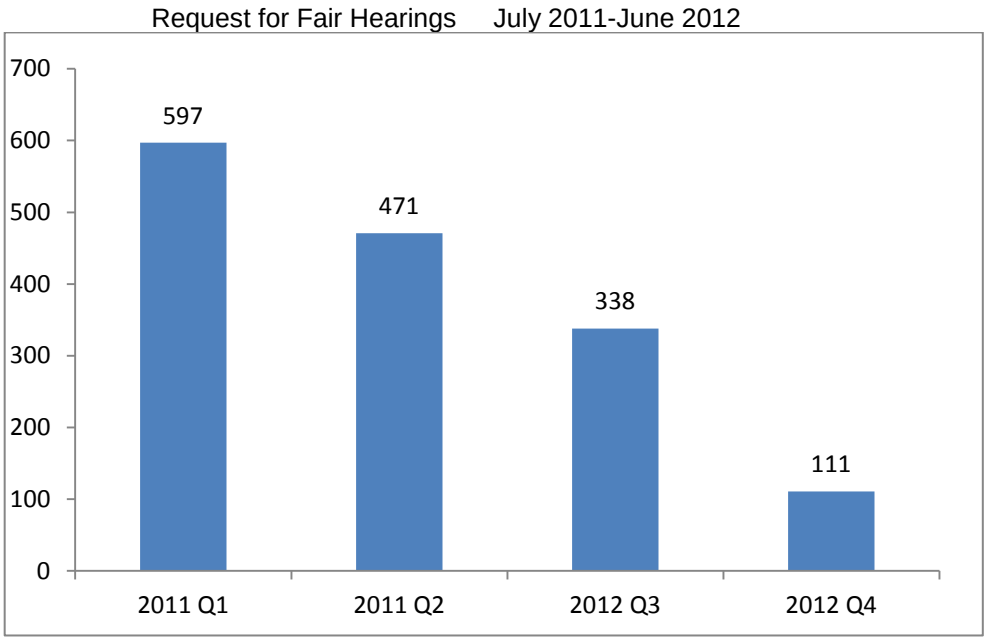
On the other end of the process, the receipt of the written final orders from the Office of Appeal Hearings also often exceeded 60 days. These two process areas created a situation that increased administratively approved hours/units (client continuation hours/units) that were applied or extended to reviews, pending the receipt of the final orders from the hearing. Additionally, many of the recipients/families exercised options, one of which was obtaining legal counsel, which often generated lengthy and repeated delays or continuances of the scheduled FHs. It was not unusual to find hearings that had been continued for almost a year.

This high volume of FH requests, frequently compounded by requested delays, impacted the workload of both the AHCA area offices and eQHealth.

Reduction of Administrative Burden Associated with Fair Hearing Requests

eQHealth Solutions engaged in discussions with AHCA and then instituted a multi-phased project in an attempt to bring down the number of hearings deemed to be ones that could be avoided. The first phase was begun in October, 2011, and remnants of the project are still carried out, as appropriate.

The following chart demonstrates the success of our interventions. The leading indicator is the number of fair hearing requests received per calendar quarter.



SUMMARY OF EACH PHASE FOLLOWS:

Phase 1: Increased Education / Training of First Level (Clinical) Reviewers and Second Level Physician Reviewers

In discussions with AHCA, eQHealth Solutions determined that our second level physician reviewers (PRs) were not as consistent as they could be in rendering their clinical decisions. This appeared particularly true with regard to PCS services which are heavily weighted with familial / social factors as well as clinical ones. Both AHCA and eQHealth wanted to ensure that all of our clinical reviewers (first and second level) are properly trained in criteria and guidelines to render informed decisions regarding ADLs (activities of daily living) and IADLs (instrumental activities of daily living). We also needed to ensure that our first level clinical reviewers understood the guidelines clearly and did not refer review requests to PR, when it could be determined / approved at their level.

eQHealth initiated a targeted training schedule for our first and second level clinical reviewers during October and November, 2011. In total, 20 first level training sessions and 24 PR training sessions were completed. The trainings were conducted by the clinical director, medical director and associate medical director.

Training and education of all clinical reviewer staff continues on an ongoing basis. General training is repeated as “refresher courses” twice annually. Targeted training, when new programs begin or issues are identified, are always a priority and scheduled as quickly as required.

Grand rounds or “education through case presentation and discussion” has been an effective way to provide training that is interesting, applicable, and garners a high level of participation by the reviewers. We will continue our grand rounds approach to education.

Phase 2: Telephonic Calls to Recipients/Families - Requested a Fair Hearing

Anecdotal evidence from actual fair hearings led us to believe that some fair hearings may be prevented if conversations/discussions between eQHealth staff and the recipient/family occurred prior to the scheduled hearing. There were instances when families stated – during the hearing proceedings, that they did not require all the services requested (by their provider) or they did not understand the limitations of the Medicaid benefit. We developed a protocol and selection criteria to identify recipients/families that may benefit from a telephonic conversation regarding the review request process, Medicaid benefit limitations and our outcome determination, etc. Some of the criteria that helped identify who would be called included:

- Area office expressed specific concerns regarding review
- Request appeared to exceed the Medicaid benefit
- Absence of any previous fair hearing request
- Service request was not appreciably different from what eQHealth determined as medically necessary

Specific results are tabulated below:

Reviews Screened for Project	200
Total reviews worked	45
Agreed to withdraw but have not done so	7
Withdrawal request received	17
Unable to contact	6
Continue to fair hearing	7
Outcome unknown	8

Note: This Project was discontinued before the end of the fiscal year due to the continuing difficulty in reaching families.

Phase 3: Telephonic Calls to PDN Recipients/Families- Received an Adverse Determination

As we worked on calling recipients/families scheduled for fair hearings, we began to suspect that it may be more efficient to contact recipients/families earlier in the process. We targeted the timeframe as -immediately following an adverse determination. Upon agreement with AHCA, we utilized two registered nurse reviewers in Miami to conduct these telephone calls. We specifically targeted PDN recipients/families in the Miami area who had just received a denial or partial denial on the review request. We experienced several of the same difficulties reaching this population as we did with the calls to those recipients/families going to fair hearings (Phase 2). Specifically, many telephone numbers were not active, not related to the recipients/families, and we did not receive returned calls after several messages were left, requesting a returned telephone call. Additionally, several home health agencies were also reaching out to these same recipients/families and encouraging them to proceed with their requested fair hearing - all anecdotal information.

Results are below:

Reviews	Attempted Calls	Completed Calls	Agreed with Determination	Requested Fair Hearing
148	214	51	11	40

Note: This project was discontinued before the end of the fiscal year due to the continuing difficulty in reaching families.

Phase 4: Re-reviewing Adverse Determinations

In addition to the "telephonic intervention" previously identified, we also discussed additional options with AHCA. We agreed to implement them for a limited period of time. As a follow-up to our increased education and training efforts, previously described, we initially targeted all PCS reviews scheduled for a fair hearing between late October and December 2011. Our associate medical director re-evaluated 100% of PCS reviews scheduled for a fair hearing in that timeframe. 144 potential reviews were identified for this project. Our recommendations are summarized in the following table:

Potential Reviews Identified	144	%
No change in determination recommended	100	69.4%
Change (approval) recommended	19	13.2%
Negotiation recommended (calling provider or recipient)	19	13.2%
Required prior fair hearing final order before proceeding	2	1.4%
Review in fair hearing	1	0.6%
Other (includes request withdrawn prior to intervention)	3	2.1%

Actual fair hearings were averted in 19 of these interventions (13%) and an additional 19 may be withdrawn based on the recommended negotiation.

Phase 5: Earlier Adverse Determination Re-Review

We used an approach similar to the one above, aimed at an earlier intervention in the review process—specifically acting at the time of a reconsideration request. These strategies involved either a re-review of the case and, in some instances, a revised PR determination, or a different determination - based on telephonic contacts placed to the provider or caregiver to garner any additional information related to the review. We included home health aide, PDN/PCS reviews for this phase. This work is ongoing and the results thus far are tabulated below:

Type	Reviewed	Changes Recommended	% With Changes Recommended
PDN	57	11	19%
PCS	118	19	16%
HHA	88	12	14%

Phase 6: Re-review of Fair Hearing Requests

In order to prevent further unnecessary fair hearings, eQHealth Solutions initiated yet another new process in May 2012. This process involved re-reviewing all new fair hearing requests with the medical director as they were received. Seventy-three reviews had the decision reversed with a resultant withdrawal of the FH. Intervention at this point resulted in a significant reduction in the number of fair hearings.

eQHealth Solutions instituted additional administrative internal processes to improve effectiveness and reliability including workflow improvements and internal crosschecks to minimize errors. We hired additional staff to handle the increased workload. Deliverable timeliness improved to 99% in all areas of the fair hearing process.

Results

The number of scheduled fair hearings reached a peak monthly volume of 242 in November 2011 with as many as 15 scheduled fair hearings in one day attended by an eQHealth Solutions physician to provide expert testimony.
Based on the results of all phases of the special project described below, eQHealth reduced the number of scheduled fair hearings from a high of 242 in November to a significant reduction in May of 34 and June of 47.

1,130 fair hearings scheduled from July – December, 2011.
663 fair hearings scheduled from January – June, 2012.

Month	Scheduled Fair Hearing Volume
Jul-11	162
Aug-11	192
Sep-11	115
Oct-11	240
Nov-11	242
Dec-11	179

Month	Scheduled Fair Hearing Volume
Jan-12	189
Feb-12	141
Mar-12	161
Apr-12	91
May-12	34
Jun-12	47
Total	**1793**

RECOMMENDATIONS

At the conclusion of our first year of service, we are pleased to offer the following recommendations for consideration:

1. Meet with AHCA to identify alternative inpatient facilities for the control group, or potentially for both the control group and managed group. The purpose of a change would be to compare populations that are more alike than this year's group was. An additional potential way to handle the differences between the control and managed groups would be a case by case match, rather than a designated group of facilities. For instance, neonates picked for the control group could be from any Level III NICU around the state but matched for any or all of: birth weight; primary diagnosis or gestational age. We believe than an alternative approach will require discussions between eQHealth and AHCA and we will be prepared to do that immediately.
2. We would like to develop and implement a care coordination pilot project involving approximately 50 young children who have been diagnosed with an autism spectrum disorder.

   Data from the CDC indicate that approximately one (1) in 88 children in the United States has a diagnosis within this spectrum. Research also indicates that diagnosis is reliable as early as age two, and treatment is helpful as early as age two.

   We envision a pilot project in the Tampa Bay area, focusing on young children who have been newly diagnosed with Autism Spectrum Disorder. All Children's Hospital is in this area and would be a good source of referral for these children. Care coordinators would assist the families in seeking out the most beneficial and helpful treatment specific for their particular child, as well as refer them to community resources available for children with those impairments. Care coordinators would be responsible for setting appointments, if needed, following up with families after appointments, and helping them evaluate next steps needed for their children. The work would be primarily telephonic, but could involve a home visit from time to time if needed to help evaluate internal family resources and/or capabilities.

   We propose to meet with the Agency as soon as possible to discuss details of how we would like to carry out this pilot project. We propose this approach to identify ways that children with these disorders may be helped earlier, thereby impacting their ability to function, as well as save dollars for the state over the long term of care.
3. With the advent of transition to DRG billing, eQHealth would like to work with AHCA to help devise ways to facilitate the transition, as well as put protocols in place to monitor how providers will be working within the new system. eQHealth has had considerable experience working with both the Illinois and Mississippi Medicaid systems to assist them in managing DRG payment processes. Some of the things that we have previously done and could offer to Florida include:

a. Provider education, including ICD-9-CM coding
b. Work with the fiscal agent to help identify all of the possible ramifications of APR-DRGs (which is the recommended system for Florida)
c. Higher-weighted DRG review
d. DRG validation during retrospective reviews
e. Analysis of patterns and trends including recommendations for special studies

We recognize that movement to a different claims/reimbursement system will require tight coordination between all parties and we believe that our experience in other states will give us the prerequisite experience to be a good partner in this process.

Appendix A
Summary – Previously Submitted Monthly and Quarterly Reports

Summary Review – Processing Details

Summary Timeliness Rates

Summary Reconsiderations Reviews

NICU Care Management

- NICU Program Indicators
- NICU Discharge Summary
- NICU Project Family Interaction/Intervention Summary

Top Ten Highest Volume Requesters by Provider Type
July 2011 – June 2012

Top Ten Attending Physicians Associated with Denied Requests for each Service Reviewed

- July 2011 – June 2012

Summary of Complaints Received in Writing and Telephonically

Customer Service Information

Fair Hearings

Details of Review Requests and Considerations Reviews: Completed

- Inpatient Med/Surg Review Requests
- BBA Review Requests
- Undocumented Non-citizen Review Requests
- Home Health Review Requests
- PDN/PCS Review Requests
- PPEC Review Requests
- Therapy Services Review Requests

Health Care Acquired Conditions (HCAC / OPPC)

Physician Reviewer Attempts to Contact Treating Provider

Changes in Key Staff Positions

Quality Concerns Identified

Comprehensive Care Monitoring Program – Miami/Dade

Internal Quality Control (IQC)

SUMMARY – PREVIOUSLY SUBMITTED MONTHLY AND QUARTERLY REPORTS

The following information represents required deliverable reports for the calendar year July, 2011 through June 30, 2012.

Review - Processing Details

eQHealth Solutions – Florida Division received 405,063 Inpatient Services (including BBA, Undocumented Non-Citizens and Rehabilitation) Review Requests. Review Requests received for Home Health Services (including PDN and PCS) totaled 34,812. PPEC Review Requests totaled 1,807 and Therapy Services Review Requests totaled 67,379.

Total review requests by volume received across all settings totaled 509,061.

Review Processing Details - by Setting

Setting	#Reviews Received	#Reviews Not Eligible for Review	#Reviews Currently in Process	#Reviews That Were Ever Pended
Med/Surg/Rehab	405063	2969	6354	14025
BBA	3276	58	272	261
Undocumented	29479	125	815	984
HH/PDN/PCS	34812	1006	180	15038
PPEC	1807	13	4	756
Therapy	67379	462	931	16083
Total	**509061**	**4450**	**7469**	**45902**

Criteria: Based on Review Receipt date.
For pended reviews: Additional information may be received and review completed or review may be suspended

Completed Reviews

eQHealth Solutions completed a total of 535,082 Review Requests across all settings, denying 28,557 of them, for an overall denial rate of 5.33%.

The denied review requests which totaled 28,557 included:

- 10,941 Inpatient – Med/Surg/ Rehab (including BBA and Undocumented, Non-Citizen) reviews (2.77%)
- 16,555 Home Health/PDN/PCS reviews (23.52%)
- 40 PPEC reviews (1.11%)
- 1021 Therapy Services reviews (1.56%)

Higher numbers and percentages for Home Health/PDN/PCS reviews are referred to second level physician review (PR), in general, because we perform 100% physician review (PR) of all Home Health Aide (HHA)-Visit Unassociated with Skilled Nursing Services (T1021) review requests. This is confirmed by the higher denial rate in the Home Health/PDN/PCS setting.

Denial Rates - by Setting

Setting	Completed	# PR Review	% PR Review	# PR Denied	% PR Denied	% Completed Denied
Med/Surg/Rehab	395563	23389	5.91	10941	46.78	2.77
BBA	2829	2294	81.09	1046	45.60	36.97
Undocumented	28739	10642	37.03	5082	47.75	17.68
----------By Line Item----------						
HH/PDN/PCS	70395	52869	75.10	16555	31.31	23.52
PPEC	3616	46	1.27	40	86.96	1.11
Therapy	65508	1404	2.14	1021	72.72	1.56

Criteria: Based on Review complete date.
Denied includes any portion of reviews or line items denied for medical necessity

Timeliness Rates

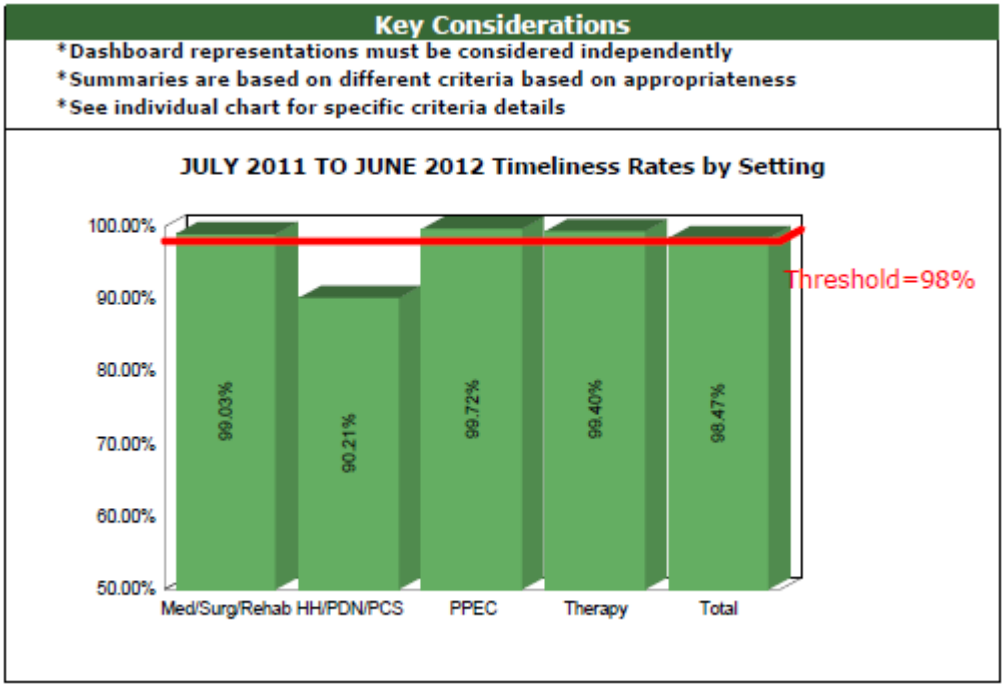
Timeliness Rates of review completion for the Inpatient – Med/Surg/Rehab setting have been within contractual requirements of 98% and remained so during the calendar year. Timeliness Rates for Inpatient – Med/Surg/Rehab was 99.03%.

Timeliness Rates for Home Health/PDN/PCS reviews showed significant improvement throughout the fiscal year for an overall timeliness rate of 90.21%.

Rates of review completion for PPEC Services achieved a 99.72% for the year, again exceeding contractual requirements.

Therapy Services achieved a timeliness rate of 99.40%, which also exceeds contractual requirements of 98%.

Total overall Timeliness Rates of review completion, across all settings, for the year ending June 30, 2012, was 98.47% as indicated in the chart below.



Summary Reconsideration Reviews

eQHealth Solutions completed 20,347 Reconsideration Requests across all service levels. Of this total, 11,901 or 58.49% were upheld, 3,563 or 17.5% were modified and 4,883 or 23.9% were reversed / overturned. The specific detail, per setting, of these Reconsideration Review Requests and their outcomes are presented in the chart below.

Reconsideration				
Setting	**# Requested**	**# Upheld**	**# Modified**	**# Reversed**
All Service	20347	11901	3563	4883
Med/Surg/Rehab	6174	2881	991	2302
BBA	398	193	94	111
Undocumented	2961	1539	613	809
HH/PDN/PCS	10554	7121	1835	1598
PPEC	6	4	2	0
Therapy	254	163	28	63

Note: For detailed information regarding Inpatient and Outpatient Reconsideration Review Outcome's for recipients – please refer to Report 801 Inpatient Reconsideration Outcomes and Report 802 Outpatient Reconsideration Outcomes for the months of July 2011 through June, 2012 as the information would be duplicated here. This detailed information is available upon request, as necessary.

NICU Care Management

The Neonatal Intensive Care Unit (NICU) care management program initiated services August 1, 2011 and continues in five area hospitals. The five (5) NICU hospitals are:

- Lakeland Regional Medical Center (Polk County)
- Brandon Regional Medical Center (Hillsborough County)
- St. Joseph's Women's Hospital (Hillsborough County)
- Mease Countryside Hospital (Pinellas County)
- Sarah Walker Women's Center at Morton Plant Hospital (Pinellas County)

For the period August 1, 2011 - June 30, 2012, a total of 536 newborns have been care managed.

NICU Program Indicators

- Average length of stay overall was 36.4 days.
- Average gestational age overall was 34.18 weeks.
- Average gram birth weight overall was 2253.45 grams and the average length of stay by gram weight at birth is as follows:

Grams at birth	# of babies	Average LOS
<500	0	0
500-749	18	81.28
750-999	20	66.10
1000-1249	33	54.79
1250-1499	38	35.03
1500-1749	42	22.10
1750-1999	66	16.61
2000-2499	106	15.07
>=2500	207	15.78
Unknown	7	20.86
TOTAL	**536**	

Average length of stay by gestational age overall was 34.18 weeks, and the average length of stay by gestational age at birth is as follows:

Weeks gestation	# of babies	Average LOS
24	12	84.25
25-26	18	71.22
27-28	24	60.83
29-30	33	44.61
31-32	52	21.71
33-34	106	15.43
35-36	71	12.61
>36	132	17.10
Unknown	89	20.40
TOTAL	**536**	

Average length of stay by delivery type:

Delivery type	# of babies	Average LOS
Vaginal	217	21.19
C-section	244	26.05
Not data entered	76	26.36
TOTAL	**537**	

NICU Discharge Summary

- Total of deceased newborns was fifteen (15).
- Total number of cases discharged with home health services was fifty-four (54).
- Total number of cases discharged with PPEC services was zero (0).
- Total number of cases discharged with PPEC and home health services was three (3).
- Total number of cases discharged home without further services was three hundred sixty-six (366).

Discharge type	# of babies
DCF Custody or Adoption	29
Home with Family	366
Home Health Services	54
PPEC Services	0
PPEC and Home Health Services	3
Expired	15
Other	4
TOTAL	**471**

NICU Project Family Interaction/Intervention Summary

Since the NICU Project was implemented on August 1, 2011 there have been 438 successful interactions with families.

The Registered Nurses (NICU Care Coordinators) assigned to this project have developed collaborative working relationships with the staff in the selected facilities, as well as following the Medicaid patients and their families from those facilities. To date, a total of 536 newborns have been enrolled in this project.

In our goal to facilitate positive family interventions, the NICU Care Coordinators visit each of the hospitals weekly to develop relationships with the staff, get updated information related to the newborns, and to meet the families as time and schedules allow. In addition to meeting the families during the NICU stay, calls are made to the families to evaluate any needs they may have, and make plans / arrangements to assist in meeting those needs as possible. Although there may always be families that are difficult or impossible to reach, there are many this project has assisted.

Attempts are made to contact each of the Medicaid enrolled families receiving NICU services from the five participating hospitals, many of whom have no or limited demographic contact information available on file. We continue to explore and identify methods which will facilitate and improve our success rate in contacting and interacting with family members. Some of the topics addressed when speaking with our families include:

- The NICU Care Coordinators have increased visibility at the bedside, and this increased their ability to interact with families more frequently which continues to produce a high number of family interactions.
- Discussing the plans for discharge to determine if there are opportunities for interventions that may facilitate the pending discharge.
- Reviewing medications the newborn is prescribed, to evaluate the care-givers' comfort level with medication administration and accuracy of the administration.
- The Care Coordinators work closely with the facilities to assist with their referral to community resources that are available and needed for the newborns and their families.
- Addressing any DME needs the newborn is prescribed to ensure the family is comfortable using the equipment and understands its purpose.
- Reviewing any follow-up visits with specialists and/or the primary care provider with family members, as necessary.

TOP TEN HIGHEST VOLUME REQUESTORS BY PROVIDER TYPE

July 2011 – June 2012

Inpatient Med / Surg

Provider ID	Provider Name	Count of Reviews
010133800	Orlando Health , Inc	21504
010042100	Jackson Memorial Hospital	15447
010003000	Shands Teaching Hospital & Clinics, Inc.	15111
010129001	Adventist Health Sys./Sunbelt, Inc.	13412
010099400	Florida Health Science Center	11225
010076500	Sacred Heart Hospital	9802
010060900	Miami Children's Hospital	8871
010110900	Lee Memorial Health System, Inc	7943
010097806	St. Joseph's Hospital, Inc	7664
010035800	Baptist Hospital Of Miami, Inc	7643

Inpatient Rehab

Provider ID	Provider Name	Count of Reviews
010042100	Jackson Memorial Hospital	346
012002200	Villa Maria Nsg & Rehab Ctr,	203
010099400	Florida Health Sciences Center	182
010003001	Shands Rehab Hospital	161
010020000	Memorial Regional Hospital	152

Provider ID	Provider Name	Count of Reviews
010271700	Genesis Rehabilitation Hospital	144
010133800	Orlando Health Inc.	141
010170200	West Gables Rehab Hospital	116
010110900	Lee Memorial Health System,Inc.	96
010021803	North Broward Hosp Psych/Rehab	94

Home Health

Provider ID	Provider Name	Count of Reviews
27548400	Superior In-Home Care	1281
650424800	Genesis Home Health Inc	1069
651520700	Ultimate Home Care Inc	1004
650804900	First Quality Home Care	949
650188500	Mega Nursing Services, Inc.	869
650783200	Fatima Home Care	698
650813800	Loving Heart Home Healthcare	608
2857400	Faith Health Care, Inc.	538
651823100	Health Med Home Care, Inc	493
651079500	Ariza Quality Medical Services,	441

PDN/PCS

Provider ID	Provider Name	Count of Reviews
001131200	Maxim Healthcare Services, Inc	281
650164800	Peds To Go	261
001137700	Maxim Healthcare Services, Inc	240
001135600	Maxim Healthcare Services, Inc	222
651823100	Health Med Home Care, Inc	205
671161801	Eleven Ash Inc	158
650648800	Pediatric Services Of America, Inc	150
001131200	Maxim Healthcare Services, Inc	129
650632100	Monef Health Services,Inc	129
651090600	All Metro Home Care Svcs Of Fl, Inc	124

PPEC

Provider ID	Provider Name	Count of Reviews
240023500	Pediatric Alternative Treatment	87
240016200	Brightstart Pediatrics, Llc	78
884201903	Caring Hearts Pediatric Extended Care Center	78
300003600	Pediatric Health Choice	72
300006100	Pediatric Network Holding	68
240012000	Prescribed Pediatric Extended Care	67
300003604	Pediatric Health Choice	67
300003603	Pediatric Health Choice	66
300006103	Pediatric Network Holding	63
300047800	Pediatric Health Choice	61

Therapy

Provider ID	Provider Name	Count of Reviews
10151600	All Childrens Hospital	3750
10060900	Miami Childrens Hospital	3012
10003000	Shands Teaching Hosp & Clinics, Inc.	1460
884287600	Independent Living, Inc	1218
880020100	United Cerebral Palsy Of Cent.Fla.	1198
010129001	Adventist Health Sys./Sunbelt, Inc.	1068
010110900	Lee Memorial Health System, Inc.	986
880065100	Beth Ingram & Associates	939
830063100	Lampert Harold M	894
888572900	Bio Networks,Inc	855

TOP TEN ATTENDING PHYSICIANS ASSOCIATED WITH DENIED REQUESTS FOR EACH SERVICE REVIEWED

July 2011 – June 2012

Inpatient Med / Surg

Physician ID	Physician Name	NPI	Count of Reviews
000071068	Radwan		41
000108610	Borgella		41
000096674	Estevez		40
266350300	Sanches	1114008802	40
274812600	Cortes Anais	1750338364	40
000105977	Zawadzki		39
057783902	Harding	1669446449	39
039374600	Burkette	1770507378	37
000097686	Williams		37
000031721	Beydoun		36

Inpatient Rehab

Physician ID	Physician Name	NPI	Count of Reviews
040295800	Feliz Miriam A	1558320887	47
000090218	Vargas		24
374247400	Hennigan Michael W	1427040906	22
048597700	Nedd Kester J	1669499604	20
053956200	Samuels Jeffery	1396880043	20
000106051	Ojeda Correal		19
280488300	Dalal Kevin	1013103886	17
370048800	Novick Alan K	1508867847	17
270437400	Vargas Jose Luis	1295874840	15
000090530	Lockhart		15

Home Health

Physician ID	Physician Name	NPI	Count of Reviews
000081951	Golbraykh		162
277465800	Neytman	1003845801	70
261113900	Golbraykh	1013915834	53
000085922	Cid		43
000076381	Askelrud		42
376490700	Garcia Lazaro Miguel	1598792707	33
273055300	Viera Amado	1194793810	32
048180700	Benjamin Yukhanan	1649265745	31
000047946	Benjamin		30
275212300	Durand Prangnuan E	1700847928	25

PDN / PCS

Physician ID	Physician Name	NPI	Count of Reviews
038727400	Plasencia Daniel J	1982630919	249
059602701	Dumas Henry Pickett	1184627267	192
258545600	Rosa-Olivares Jose R	1598713976	185
268301600	Chaves Heinz C	1427019439	173
058339100	Geraldi Michael	1639164544	132
000027413	Geraldi		115
252005200	Berget Bruce H	1346222577	102
000078113	Rosa-Olivares		90
377086900	Mackoul David A	1871582056	89
262029400	Gonzalez Francelis Ive	1972580322	84

PPEC

Physician ID	Physician Name	NPI	Count of Reviews
264453300	Chris Okonkwo MD & Shameem Siddiqui	1679649669	4
059602701	Dumas Henry Pickett	1184627267	4
065562701	Sohail Ishrat	1346357506	2
256992200	Pierre Yves-Lande	1043233349	2
376724800	Alea Oscar A	1255397295	2
000061521	Desai		2
047425800	Riefkohl Gloria	1912993486	2
000020114	Carlson		2
278801200	Torres Anabella	1356551766	2
372937100	Freimark Michael J	1700874823	2

Therapy

Physician ID	Physician Name	NPI	Count of Reviews
276373700	Nakhate Vishakha	1659380558	28
058339100	Geraldi Michael	1639164544	27
000095658	Gonzalez		22
254348600	Maldonado Ramon	1841285830	19
306155800	Riddle Heather A	1295955508	16
010060911	Mch Pediatric Care Center	1023056777	14
258251102	Jorge A. De Diego,MD	1811026354	12
373146400	Valdes-Rafuls Jacqueline	1124016654	12
000055880	Ramon-Coton		12

SUMMARY OF COMPLAINTS RECEIVED IN WRITING AND TELEPHONICALLY

Summary of complaints is identified below as received via eQSuite™'s Provider Helpline Module–while all submissions may not be classified as "complaints", they are reported here as the provider chose that option when submitting the request. These written complaints were received and responded to in a timely manner during the contract year. Response times remain within contractual requirements of ten (10) business days to respond to written complaints. A total of seventy-two (72) written complaints were responded to during the contract year.

Helpline Ticket ID	Category	Reason	Notes	Receipt DT	Complete DT
610496	Helpline Nonclinical	Check web process	Pertaining to: Review ID: 11904903 Question: Regarding ticket # 610234. You respond with a question: Pertaining to: Review ID: 11904903 eQHealth does not have a term equivalent to "In House Denial." What sort of correction are you requesting? I indicated our facility was issuing an IN-House denial; we carved out days as specified. For us In house denial means days carved out by our own facility when pt is no longer meeting acute inpt criteria. Therefore you denied the days I indicated we were carving out. Please correct this issue and instead of denying indicate that the Facility is carving out (if that is the terminology eQHealth use) the days indicated in my review. Thank you/Mchacong. This will be forwarded to the IT dept, if a review was denied you can respond to the denial and just check accept denial due to patient not eligible for the dos.	07/05/11	07/09/11
611965	Helpline Nonclinical	Fair hearing process	Pertaining to: Recipient ID: 7952956281 Question: Hello, I wish you can answer a few questions. When EQSuite™ came to south Florida and introduced the program, I thought It was an answer to my prayer. The CEO told us, the providers, that we will work together for the better of the patients. The CEO told us the following; 1. eQSuite™s personnel will be going visit the patient's house before making a decision 2.The Providers and eQSuite™s will be working together 3. If providers need to contact eQSuite™s, we will get a phone call within 24 hours. 4 eQSuite™s will be helping the providers with the transition from Kepro to eQSuite™s. These are a few things that you are failing to do. Cases that were administrative approved are not showing that approval. A provider has to enter in IDS to find out if patient was administrate approved. Cases who are diagnosed autistic that were administratively approved due to a class action law sue are being denied. I called customer services; they have no idea of this situation.	07/11/11	07/11/11

			Every provider who I had spoken, share the same frustration. Your program is not cost effective due to the fact that we have to enter a lot of patients that were missing and still missing. In regards to Documents that were uploaded or faxed, we get letters from you stating that they were never received, when actually the document was sent. Also, in any of the cases, we don't see replay from a physician. My question is; Is this situation going to change and the CEO promises were true? Thank you eQHealth Solutions apologizes for the inconvenience. I have attempted to contact you this morning at the number listed above, (305) 818-1991. If you are still in need of assistance, please contact me directly, (855) 444-3747, ext 1908. Jamie		
613689	Helpline Nonclinical	Web Submission	Pertaining to: Review ID: 12317175 Question: YOUR STAFF NEED TO BE MORE SPECIFIC WHEN ASKING FOR ADDITIONAL INFO NEEDED. I WAS AS SPECIFIC AS I THOUGHT I NEEDED TO BE ON THIS REVIEW, OBVIOUSLY NOT ENOUGH. THIS IS RIDICULOUS TO HAVE TO JUMP THROUGH THESE HOOPS TO GET DELIVERY REVIEWS APPROVED!!!!!! I SPOKE WITH SUPERVISOR TOMEKA, WHICH AFTER WAITING FOR QUITE SOME TIME, DID NOT HELP AT ALL. THIS IS EXTREMELY FRUSTRATING!!!!! We apologize for the inconvenience; your concerns have been forwarded. thank You	07/14/11	07/15/11
617014	Helpline Nonclinical	Change Discharge date	Pertaining to: Recipient ID: 3405906105 Admit Date: 7/20/2011 Question: Unable to enter discharge date. Patient discharged on 7/23/2011. Procedure date also needs to be changed to 7/20/2011. Thanks. The discharge date will be updated.	07/25/11	07/25/11
619264	Helpline Nonclinical	Request for Education	Caller states she attempted to put in a review for an 8 day stay and the review went thru the smart review algorithm..... caller states now she has to go in and do a cont stay for the remaining of the days, states the system should have reviewed all the days requested in the admission review Action: submitted complaint	07/29/11	07/29/11
619264	Helpline Nonclinical	Request for Education	PROVIDER IS UPSET DUE TO SHE IS HAVING ALOT OF PROBLEMS WITH ALIEN CASE MOST OF THEM ARE DELIVERYS.... WHEN SHE TRYS TO ENTER THEM IN THE EQ SUTE IT WILL TELL HER PT NOT ELIG FOR THAT DOS BUT IN HP IT SHOW ACTIVE AND ALL OF HER CASE ARE	08/19/11	08/19/11

			MEDICAID...PROVIDER REQUEST FOR EQ UPDATE THE SYSTEM ON A DAILY BASIS DUE TO NEW MBR ARE BEING ADD TO MEDICAID DATA EVERYDAY. Action: FRWD TO MGR		
626764	Helpline Nonclinical	Policy issue: AHCA	Who do I submit a complaint to? I am upset that it is taking longer than the given timeframe to have a PDN review completed. Requested to speak to a PDN supervisor. Forwarded # to Tamika R. for call back.	08/23/11	08/23/11
626799	Helpline Nonclinical	Other data changes	add recipient # 7593228754 Added this recipient	08/23/11	08/23/11
633329	Helpline Nonclinical	Check PA #	Question: Provider is upset because she received a letter stating rev 12710585 was approved and there is no PA# as of yet..... since 9-2-11..... Per the training once approved it only takes 24-48 hours for a PA to generate. Action: sent complaint		
635612	Helpline Nonclinical	Web Submission	Pertaining to: Review ID: 12836095 Question: I spoke to Lily at eQHealth on September 9, 2011. She said she would put a ticket to update the discharge date from 6/29 to 5/29/11. Anyway the authorization has the correct number of days (9), but wrong month. When will this be fixed? Thank you, **rogerd@baptisthealth.net** Action: The discharge date has been changed to 5/29/11 per your request.	09/22/11	09/25/11
639843	Helpline Nonclinical	Web Submission	Pertaining to: Review ID: 12807721 Question: Can you tell me what the delay is with this case? It is a retrospective review that is almost 2 months old. Response: The Retrospective Review was submitted on 09/15/11 and the time frame for review to be completed is 20 business days from the receipt date. Please allow full length of review time. Thank You.	10/06/11	10/10/11
641860	Helpline Nonclinical	Check PA #	Question: why do i not have a PA# for review #13096325 Action: Advise review is over lapping.	10/13/11	10/13/11
644065	Helpline Nonclinical	Other data changes	Question: When can he enter a pt in eq suite? Action: I advised that he can do it tomorrow.	10/20/11	10/20/11
649636	Helpline Nonclinical	Other data changes	Question: 1. Bene # 7470674551 Action: 1. updated bene info	11/02/11	11/02/11

649811	Helpline Nonclinical	Other data changes	Question: 1. Case # 808357 Action: 1. helped enter in con stay	11/02/11	11/02/11
658109	Helpline Nonclinical	Request for Education	Question: bene # 8637321577. Not able to add the attending physician info on a retro review that she is entering. Action: getting the info for her. Call disconnected.	11/22/11	11/22/11
659719	Helpline Nonclinical	Check Review Status	Question: 1. 946504- canceled Action: 1. advised - dup is approved 14545263	11/29/11	11/29/11
659991	Helpline Nonclinical	Request for Education	Question: Do not have a user name and password Action: provided provider with our website.	11/29/11	11/29/11
662056	Helpline Nonclinical	Check Review Status	Question: checking review status Action: advise corrections ticket complete allow more time for changes to appear in system	12/05/11	12/05/11
668083	Helpline Nonclinical	Other data changes	Question: Fay left a message Recipient id 7453296480 case 946478 Case 866259..i spoke with Fay.. Action: Provided information to Barbara	12/21/11	12/21/11
669326	Helpline Nonclinical	Fax or link image issue	Question: having issues uploading your cover sheet from online Action: walked provider thru the online process.	12/27/11	12/27/11
686635	Helpline Nonclinical	Check Review Status	Question: Checking case status on: 1.Rev#15487085 2.Rev#15836320 Action: 1.A correction ticket created 2. A correction ticket created	02/21/12	02/21/12
687080	Helpline Nonclinical	Check Review Status	Question: how can I submit response on the additional info tab Action: walked provider thru the process	02/22/12	02/22/12
689051	Helpline Nonclinical	Check PA #	.Question: Do this pt have a PA# on file/Update the PA#: 1.Rev#14570311 Action: A correction ticket created	02/29/12	02/29/12
692001	Helpline Nonclinical	Request for Education	Question: wants to speak w/ supervisor Action: sent email to Tameka	03/08/12	03/08/12
692467	Helpline Nonclinical	Policy Issue: AHCA	Question: error 3043 Action: Explained error code to provider	03/09/12	03/09/12
692563	Helpline Nonclinical	Check PA #	Question: How can we obtain Action: Advise to submit a prior auth form	03/12/12	03/12/12
697012	Helpline Nonclinical	Check Review Status	Question: Provider is unable to submit a continue stay review: 1.Rev#16796179 Action: Assisted provider with submission	03/27/12	03/27/12
697057	Helpline Nonclinical	Change Discharge Date	Question: Provider wanted the discharge date removed on 16184409 Action: Discharge date was removed	03/27/12	03/27/12

697195	Helpline Nonclinical	Check PA #	Question: Do this pt have a PA# on file: 1.Rev#16610720 2.Rev#16610486 Action: Gave PA# Gave PA#	03/27/12	03/27/12
697998	Helpline Nonclinical	Check Review Status	Question: checking the status of bene 27748243 Action: advised provider pended for addl info: Please verify procedure to be done. Procedure code used indicates a intracranial catheter via burr holes (01.28) and description used is for insertion of single lumen Hickman. If the procedure is for Hickman insertion, please provide medical rationale for inpatient stay for an outpatient procedure.	03/29/12	03/29/12
699436	Helpline Nonclinical	Check Review Status	Question: 9479713209 dos 2/5/2012 d/c march 28,2012 Action: advised glen to start her retro as of 3/1/2012	04/04/12	04/04/12
699634	Helpline Nonclinical	Request for Education	Question: unable to submit a continue stay because pa# 5021305711 is not reflecting the 3/22 end of cert day Action: submitted a correction ticket to resend pa to reflect the days approved.	04/04/12	04/04/12
699728	Helpline Nonclinical	Other Data Changes	Question: Provider having issues entering in a review Action: Logged in with the provider to submit the review daharris password	04/05/12	04/05/12
700124	Helpline Nonclinical	Other Data Changes	Question: Provider is trying to enter an admission review but is getting this error. Error: 3049: Intake /provider id /there is an existing pa# for this recipient that has not been d/c. Please d/c the previous case or enter this review as a cont stay. Previous case id 751884 Action: Provided information. Forward to Tamika to review. Tamika entered in discharge date on review 751888 to allow provider to submit admission review.	04/06/12	04/06/12
700413	Helpline Nonclinical	Check Review Status	Question: Checking on the status that I submitted in march bene# 7417434762 dos 3/12 thru 9/7 Action: advised provider review awaiting supporting Docs	04/09/12	04/09/12
700687	Helpline Nonclinical	Acute Med / Surg decision	Question: an auth on file for bene 8887638527 dos 2/16 3/13/11 Action: advised provider pa 5001037208	04/10/12	04/10/12
701162	Helpline Nonclinical	Check Letters	Question: Checking on letter, I don't read english, can you please go over the letter with me 16928212 Action: went over the letter with pt's mom	04/11/12	04/11/12
702196	Helpline Nonclinical	Check Review Status	Question: Checking case status on: 1.Rev#16677085 Action: Transfer to 6906	04/16/12	04/16/12
702244	Helpline Nonclinical	HH/PDN/PCS	Question: 24828936 Daughter is calling to give a complaint about Carmen Galan she states that this person is very rude and don't know send email to Nancy Ana Pizzaro (305-989-3854 may be contacted after 6 pm) is the daughter of Ana M Ferragut (patient) is calling	04/16/12	04/16/12

			to give a complaint about the person who does the on-site visit named Carmen Galan 786-443-4861 Ana states that she is very rude and is not conscious of how to treat an elderly Carmen called to threat Ana that if she didn't make the home site visit then I will be forced to cancel your services Ana states that Carmen does not know how to talk to people. Ana called Loving Heart to find out who this person was she was told by the agency that it was the person that did the on-site visit and was told by the agency that they have receive a lots of complaints about Carmen Galan. Ana states that Carmen Galan is not welcome in my home to please do not send this person to my home I would really appreciated for more information you can contact Ana at the above #. Action: call transferred to Nancy for assistance who also notified Sheri- inform her of the complaint		
703052	Helpline Nonclinical	Check Review Status	Question: Can you please match service usg in fmiss with HP 17083361 Action: emailed flpurs to update current inpt days	04/18/12	04/18/12
703077	Helpline Nonclinical	Check Review Status	Question: I can pull up pa# 5002073645 in your system case# 1034072 Action: advised provider: case voided per Dena. Entered in error.	04/18/12	04/18/12
703232	Helpline Nonclinical	Check Review Status	Question: Checking case status on; 1.Rev#17166945 Action: Gave outcome of pending information	04/18/12	04/18/12
703886	Helpline Nonclinical	Other Data Changes	Question: Calling to check if we received review (cont stay). Recipient id 9470994493 Action: Provided information. Yes we did	04/20/12	04/20/12
704094	Helpline Nonclinical	Check Letters	Question: theheieidikrifrkfirfkrkifrkffkrkrkffff Action: None (test)	04/20/12	04/20/12
704098	Helpline Nonclinical	Acute Rehab Decision	Question: test Action: None (test)	04/20/12	04/20/12
704446	Helpline Nonclinical	Check Review Status	Question: checking on the status of review 17137793 Action: advised provider awaiting supporting docs	04/23/12	04/23/12

704492	Helpline Nonclinical	Check Review Status	Question: 786438213-4 case approved from 4/13/2012-4/28/2012 Frank Ruis Nufer (305-633-4438) is the patient husband and he is calling to complaining because his wife is bed bound and has an HHA (NURSECARE INC, HIALEAH 305-826-1630) who goes to the home and bath the patient but most of the time the HHA tells the patient husband t hat he needs to help pick up his wife because the hha cannot bathe or pick up the patient by herself. the patient husband Frank Ruis Nuufer is 92 yrs old and he cant even help the HHA pick up his wife to move her around he doesn't understand if a woman cannot lift a patient why do they send a woman to do a man's job. i advise Frank that i will notify my supervisor about this situation. Action: Spoke with Sandra, the agency administrator. Per Sandra, the recipient was just transferred from another agency and the recipient's husband requested that the HHA assigned by the previous agency continue services. this aide was contracted by the new agency to provide services. The recipient was seen once, on 4/19, under the authorization to the new agency. In the interim, the recipient's husband had injured his back and is now wheelchair bound and unable to assist the HHA. Sandra called Mr. R-N. and confirmed that she will provide a HHA who is able to provide services to the recipient without assistance. I confirmed the conversation with Mr. R.-N. who is satisfied with the outcome. In addition, Sandra has scheduled an appointment with the original HHA to determine why assistance was needed since the recipient has a hoyer lift. Both the recipient and Sandra were advised to call me directly if there are further issues. N. Calvert	04/23/12	04/23/12
704605	Helpline Nonclinical	Other Data Changes	Question: Recipient id 9466520687 Review 1102082 Provider was having error entering a review Action: Provided assistance	04/24/12	04/24/12
704679	Helpline Nonclinical	Other Data Changes	Question: I have not recvd my user name and password Action: advised provider will email Jessica for a follow up	04/24/12	04/24/12
705413	Helpline Nonclinical	Check Review Status	Question: 8128629166 patient DELGADO SALCEDO, GLADYS (305-238-2918) is calling to report that the agency GMS Nursing Association (provider id # 651734000) to report that this agency has closed their doors without notice to the patients or without paying their employees neither she has a lots of concern of what is going to happen with her files now she has to go looking for another agency. with the agency that took off patient was approved from 3/8/2012-4/30/2012 for	04/26/12	04/26/12

			HHA services patient just wanted us to know what had happen she is going to call the area Medicaid office and report the issues. Action: Provider informing eQHealth they were going to Area Office to report this issue.		
705569	Helpline Nonclinical	Check Review Status	Question: needing case info Action: advise case info	04/26/12	04/26/12
705606	Helpline Nonclinical	Acute Med Surg decision	Question: The provider wanted to file a complaint.....(The CSR will be very detailed). Action: I contact the provider..... (test by Nancy C)	04/26/12	04/26/12
706387	Helpline Nonclinical	Check Review Status	Question: checking on the status of 17343000 Action: advised provider at 1st level review Admin Additional Info: 1. You currently have a pended review in the system. RID: 17236306, 4/20/12 - 7/9/12, 4 units, 3x/wk. Please indicate if that review should be cancelled. 2. The evaluation submitted is from another provider and has their certification period. Please note that you are to indicate in items the 'from date' that your office began seeing the recipient, not the 'from date' from the other provider. Please indicate the date that you began treating the recipient and give permission for the system to be updated to reflect your start date. 3. Parent letter must indicate the last date services were received at the other service provider in order for a DC to be placed in the system.	04/30/12	04/30/12
707010	Helpline Nonclinical	Other Data Changes	Question: Was transferred to Steve. Will not be in the office today. Since October last yr. Recipient id 8103285366 Case Action: Provided information. Connect to Steve	05/02/12	05/02/12
707232	Helpline Nonclinical	Check PA #	Question:16592062 17022950 Action: please void pa # 5022082395 and reissue a new one with MOD GY from 3/25/12-5/23/12 with 120 units thanks. please void pa # 5002116709 and reissue a new one with MOD GY from 4/8/12-6/6/12 with 120 units and add MOD GY in T1021 items tab request made by Maday 305-779-1072	05/02/12	05/02/12
707611	Helpline Nonclinical	Other Data Changes	Question: Received a letter in the mail. Does not know what letter means. Recipient id 9476120878 Action: Approved. Provided information.	05/03/12	05/03/12
707883	Helpline Nonclinical	Check Review Status	Question: I just faxed in a new MD, I want to make sure you recvd it for bene 7948618457 Action: advised provider we did recvd her second MD order.	05/04/12	05/04/12

708185	Helpline Nonclinical	Other Data Changes	Question: Needs to submit a cont stay /Having errors on goals.. Username :amber1 Password:Cabo2727 Action: Provided assistance	05/07/12	05/07/12
708287	Helpline Nonclinical	Check Review Status	Question: Not sure why Sandata only shows 8 units when I was approved 42 units on pa 5002114243 7335121906 Action: submitted a correction ticket to resend pa	05/07/12	05/07/12
708992	Helpline Nonclinical	Check Review Status	Question: 1) checking on the review 17446980 2) checking on the review 17449425 Action: 1) submitted a correction to resend 2) submitted a correction to resend	05/09/12	05/09/12
709109	Helpline Nonclinical	Other Data Changes	Question: Im calling to follow up on make sure my son's account with Galvaz Lisa has been closed 7860606968 provider # 882030900 and also to submit a complaint against the therapist, I also want to make sure she does not over bill. Action: advised parent a discharge was submitted 5/9/2012	05/10/12	05/10/12
709853	Helpline Nonclinical	Check Review Status	Question: Provider calling asking why this review was canceled. Action: Provided information. Forward this to Tamika to have someone takes a look at it.	05/14/12	05/14/12
710808	Helpline Nonclinical	Other Data Changes	Question: needs d/c date removed, Review id 17456134 Action: Assisted provided. Removed d/c date	05/17/12	05/17/12
712231	Helpline Nonclinical	Other Data Changes	Question: Review 14711765 Approved but no pa# Action: Provided information	05/23/12	05/23/12
712258	Helpline Nonclinical	Check Review Status	Question: Checking approve hours on: 1.Rev#17124738 Action: Advise what days was approve for	05/23/12	05/23/12
713185	Helpline Nonclinical	Check Review Status	Question: I have not received the pa# yet It seems that is overlapping with another facility but 7557276591 713156 Action: Emailed Rosalidia to further research the above overlap review, unable to get into the reviews it was locked by Rosalidia.	05/29/12	05/29/12
713426	Helpline Nonclinical	Check Review Status	Question: Wanted to file a complaint that eQSuite™s states recipient does not have inpt days when they actually do. Ms. Farmer is upset that wrong information was given to her and co worker hence causing unnecessary work. Action: Forward to the proper personnel	05/29/12	05/29/12
714147	Helpline Nonclinical	Check Review Status	Question: EQ suites update effected my login: Action: I assist the provider	06/01/12	06/01/12
714915	Helpline Nonclinical	Check PA #	Question: Do this pt have a PA# on file: 1.Rev#17669783 Action: Gave PA#	06/05/12	06/05/12

718188	Helpline Nonclinical	Check Review Status	Question: Do I still have time to submit a recon 17559289 Action: advised Michelle "No" it's passed the deadline. Letter was posted on 5/24/2012	06/19/12	06/19/12
718502	Helpline Nonclinical	Request for Education	Question: I am trying to submit a continue stay and I'm getting an error code "643" for 7897131386 case 976551 Action: advised provider she can't submit a continue stay because there is a discharge date already submitted as of 4/20/2012. I suggested for provider to do a new admission. Guided provider thru the 1st two tab of the review and no error msgs were recvd.	06/20/12	06/20/12

CUSTOMER SERVICE

Customer Service received a total of 97,002 calls during the contract year Total calls answered were 93,995 for an average answer rate of 97.0% which remains within contractual requirements of 90% or greater. The average speed of answer for all calls was 0:32 seconds which exceeds the contractual standard of < 0:30 seconds.

Customer Service – Annual Call Center Statistics	
Calls Received	97,002
Calls Answered	93,995
% Calls Answered	97.0%
Average Speed of Answer	:32 (secs)
Calls Abandoned	3,006
Average Abandonment Time	1:09
% Calls Abandoned	3.0%
Note: eQHealth Solutions does not block any calls	
Help Line Tickets Processed	32,104

FAIR HEARING

eQHealth Solutions received and processed 2,189 requests for Fair Hearings across all service settings during the contract year. Additionally, we provided a Florida licensed, Board Certified, Physician Reviewer as an expert witness, presenting testimony in 1,347 scheduled Fair Hearings during this contract year.

Note: Detailed information is presented for all quarters during the contract year as a means of comparison regarding Fair Hearing requests and administratively approved (client continuation) units/days of service. Fair Hearing requests and scheduled Fair Hearings frequently do not occur in the same calendar quarter which makes it difficult to summarize findings over a three month period. The written Final Orders may be received in yet another calendar quarter.

Fair hearing requests received between 04/1/2012 and 06/30/2012
Total Requests: 111

Results(Final Orders)		
Denied	99	30.37%
Withdrawn after change	80	24.54%
Stipulated agreement. FH dismissed	65	19.94%
Partially both	29	8.90%
Withdrawn no change	19	5.83%
Abandoned	16	4.91%
Dismissed	14	4.29%
Granted	4	1.23%
Total	**326**	**100.00%**

Number of Fair Hearings: eQHealth provided a Physician Reviewer

April	62
May	66
June	65
Total	**193**

Fair hearing requests received between 01/1/2012 and 03/31/2012
Total Requests: 338

Results (Final Orders)		
Not completed:	238	30%
Rescinded request:	0	0%
Granted:	14	1.8%
Denied:	176	22.1%
Abandoned:	43	5.4%

Results (Final Orders)		
Dismissed:	11	1.4%
Partially both:	38	4.8%
Withdrawn no change:	37	4.6%
Withdrawn after change:	58	7.3%
Stipulated Agreement: FH dismissed	180	22.6%
Total:	**795**	**100.00%**

Number of Fair Hearings: eQHealth provided a Physician Reviewer

January	190
February	141
March	161
Total	**492**

Fair hearing requests received between 10/1/2011 and 12/31/2011
Total Requests: 471

Results (Final Orders)		
Not completed:	397	84.29%
Rescinded request:	1	0.21%
Granted:	3	0.64%
Denied:	10	2.12%
Abandoned:	6	1.27%
Dismissed:	2	0.42%
Partially both:	6	1.27%
Withdrawn no change:	17	3.61%
Withdrawn after change:	5	1.06%
Stipulated Agreement:	24	5.10%
Total:	**471**	**100.00%**

Number of Fair Hearings: eQHealth provided a Physician Reviewer

Oct	240
Nov	243
Dec	179
Total	**662**

Fair hearing request received between 07/1/2011 and 09/30/2011

Total Requests: 597

Results (Final Orders)		
Not completed:	164	27.47%
Denial/reduction Overturned:	1	0.17%
Denial/reduction Upheld:	3	0.50%
Rescinded request:	1	0.17%
Denial/reduction modified:	2	0.34%
Granted:	54	9.05%
Denied:	107	17.92%
Abandoned:	43	7.20%
Dismissed:	32	5.36%
Partially both:	53	8.88%
Withdrawn no change:	56	9.38%
Withdrawn after change:	11	1.84%
Stipulated Agreement:	70	11.73%
Total:	**597**	**100.00%**

Administratively continued services due to a Fair Hearing request are presented in the following chart. This represents the total days or units of service administratively approved (client continuation) pending the outcome of the Fair Hearing. The outcome of the Fair Hearing is based on receipt of the written Final Order from the AHCA Area Office / Fair Hearing Officer to process or finalize the outcome.

Administratively Continued Services due to Fair Hearing Request	Procedure Code	Total Units Jul – Sep '11	Total Units Oct – Dec '11	Total Units Jan- Mar '12	Total Units Apr – June '12
Client Continuation	**S9122**	191,369	138,449	83,593	8,290
Client Continuation	**S9123**	30,722	29,835	3,755	5,186
Client Continuation	**S9124**	72,872	87,318	68,213	9,300
Client Continuation	**T1021**	12,923	5,573	1,615	1,094
Client Continuation	**T1030**	514	0	0	0
Client Continuation	**T1031**	1,638	360	390	7
Client Continuation	**T1025**	1,638	51	0	0
Client Continuation	**T1026**	1,638	204	0	0
Client Continuation	**97110**			232	580

Detail of Review Requests and Reconsideration Reviews: Completed

eQHealth Solutions completed a total of 361,250 Inpatient Med/Surg Review Requests. Of this total 9,928 or 2.75% were referred for Physician Review (PR). Of the 9,928 reviews referred for Physician Review (PR) 4,379 or 44.11% were fully or partially denied. Additionally 22.96% of Inpatient Med/Surg Review Requests were approved by SmarTReview® algorithms, which remain below the contractual threshold of thirty percent (30%) or less. The detail per review type is presented in the chart below.

98.78% of total Inpatient Med/Surg Reviews were approved.

Med/Surg Review Summary

Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% of Total Reviews Approved	Average # Days Approved/ Review
Admission	140083	2600	1.86	882	33.92	99.36	3.89
Continued stay	69404	1780	2.56	795	44.66	98.84	4.62
Retrospective*	151763	5548	3.66	2702	48.70	98.20	4.85
Total	361250	9928	2.75	4379	44.11	98.78	4.43

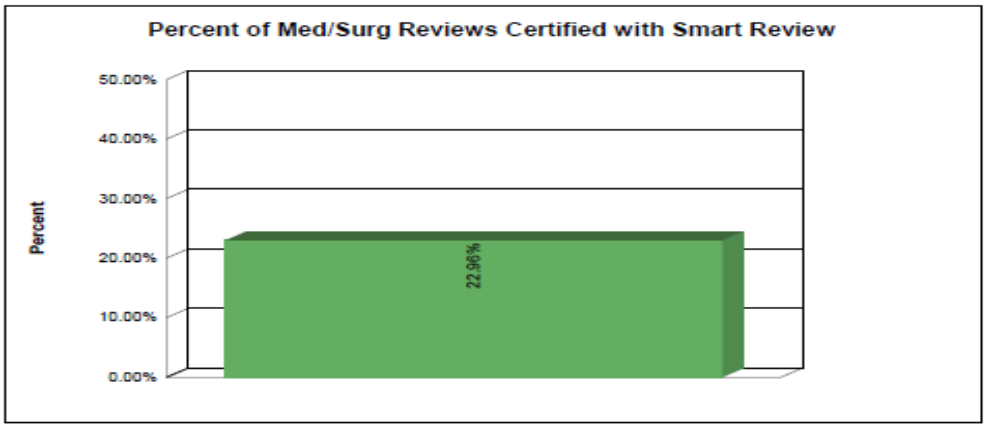
Criteria: Based on review complete date

*Includes post-discharge continued stay reviews.

Med/Surg Review Summary by Type of Admission

Admission Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% of Total Reviews Approved	Average # Days Approved/ Review
Emergency/Trauma	135573	3012	2.22	1262	41.90	99.06	4.67
Urgent	92614	3258	3.52	1510	46.35	98.36	3.55
Baby birth admission	19437	283	1.46	150	53.00	99.22	8.10
Baby transferred following birth	2553	4	0.16	1	25.00	99.96	13.80
Pediatric not admitted to nursery	1336	11	0.82	5	45.45	99.55	3.47
Prior auth - elective procedure							
Elective C-section	10944	69	0.63	39	56.52	99.63	3.22
Gastric bypass	445	35	7.87	6	17.14	98.65	1.85
Hysterectomy	1035	57	5.51	34	59.65	96.71	1.93
Other elective procedure	6141	299	4.87	82	27.42	98.66	2.90

Criteria: Based on review complete date



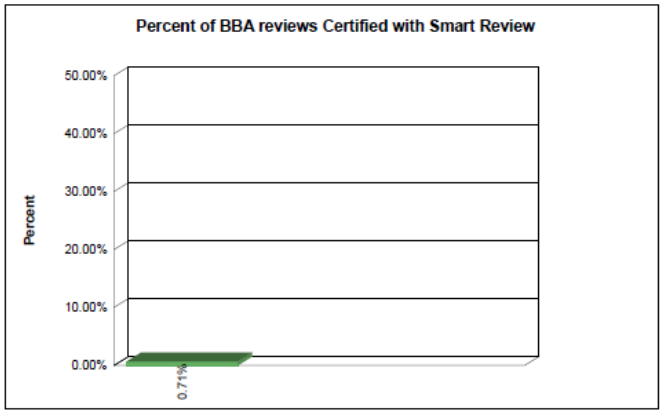
eQHealth Solutions completed a total of 2,829 BBA Review Requests. Of this total 2,294 or 81.09% were referred for Physician Review (PR). Of the 2,294 reviews referred for Physician Review (PR) 1,046 or 45.60% were fully or partially denied. Additionally 0.71% of BBA Review Requests were approved by SmarTReview® algorithms.

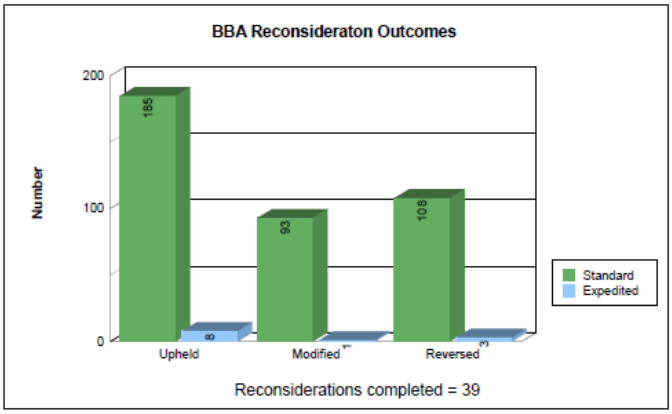
62.99% of total BBA Review Requests were approved.

BBA Review Summary

Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% of Total Reviews Approved	Average # Days Approved/ Review
Admission	368	188	51.09	68	36.17	81.52	5.84
Continued stay	206	137	66.50	44	32.12	78.64	4.54
Retrospective*	2255	1969	87.32	934	47.44	58.54	9.70
Total	2829	2294	81.09	1046	45.60	62.99	8.79

Criteria: Based on review complete date
*Includes post-discharge continued stay reviews.





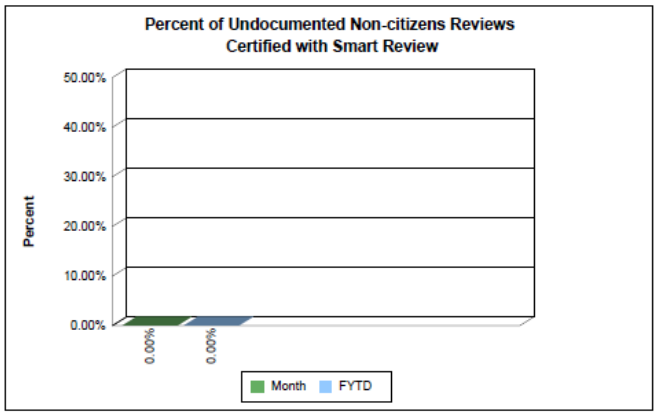
eQHealth Solutions completed a total of 28,739 Undocumented Non-citizen Review Requests. Of this total 10,642 or 37.03% were referred for Physician Review (PR). Of the 10,642 reviews referred for Physician Review (PR) 5,082 or 47.75% were fully or partially denied. The detail per review type is presented in the chart below.

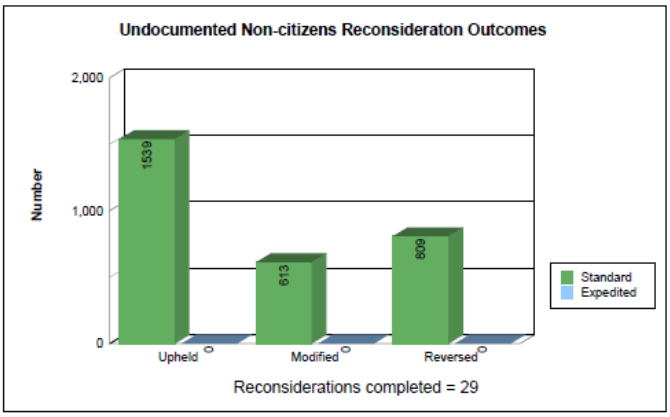
82.32% of total Undocumented Non-citizen Review Requests were approved.

Undocumented Non-citizens Review Summary

Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% of Total Reviews Approved	Average # Days Approved/ Review
Admission	5	5	100.00	1	20.00	80.00	25.20
Continued stay	2	1	50.00	0	0.00	100.00	29.50
Retrospective*	28732	10636	37.02	5081	47.77	82.32	3.64
Total	28739	10642	37.03	5082	47.75	82.32	3.65

Criteria: Based on review complete date
*Includes post-discharge continued stay reviews.





eQHealth Solutions completed a total of 25,886 Home Health Review Requests. Of this total 21,948 or 84.79% were referred for Physician Review (PR). Of the 21,948 reviews referred for Physician Review (PR) 2,704 or 12.32% were fully or partially denied.

Home Health Review requests for "maintenance services" included 5,239 review requests for Skilled Nursing Service and 18,739 review requests for Activities of Daily Living (ADL's). Additional detail regarding Reconsideration Outcome, Item Type and Line Item Review by is presented in the charts below.

10.45% of total Home Health Review Requests were denied.

Home Health Reviews by Review Type

Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% Total Reviews Denied
Admission	7459	5582	74.84	1178	21.10	15.79
Continued stay	17974	16183	90.04	1490	9.21	8.29
Modification of an existing PA number	402	171	42.54	30	17.54	7.46
Retrospective	51	12	23.53	6	50.00	11.76
Total	25886	21948	84.79	2704	12.32	10.45

Criteria: Based on review complete date

Home Health Reviews by Item Type

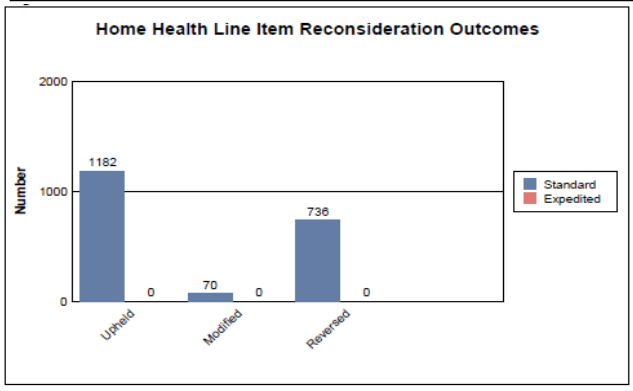
Item Type	Line Item Reviews Completed	Total Units Approved	Total Units Denied	# Beneficiaries
HHA visits without skilled nurse	36792	1681684	146087	21762
HHA visits with skilled nurse	268	13916	378	208
RN visits	1438	24918	3903	1154
LPN visits	4505	217488	5439	3470

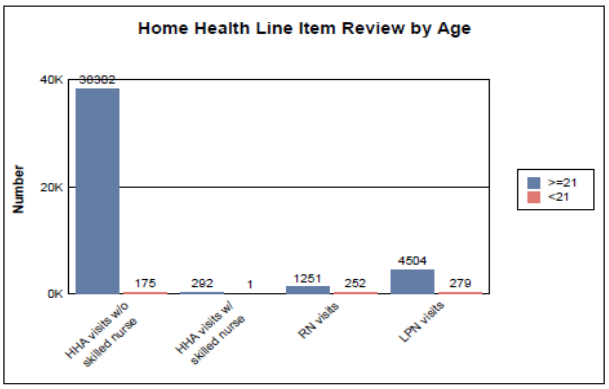
Criteria: Based on review complete date

Home Health Prior Authorization Requests for Maintenance Services

Service Type	Reviews Completed	Total Units Approved on Reviews	Total Units Denied on Reviews	# Beneficiaries
Skilled	5239	371688	26276	5060
ADL	18739	1482758	129230	18450

Criteria: Based on review complete date





eQHealth Solutions completed a total of 7,348 PDN/PCS Review Requests. Of this total 3,924 or 53.40% were referred for Physician Review (PR). Of the 3,924 reviews referred for Physician Review (PR) 3,236 or 82.47% were fully or partially denied.

PDN/PCS requests for "maintenance services" included 3,668 Review Requests for Skilled Nursing Service and 4,936 review requests for Activities of Daily Living (ADL's). PDN/PCS review requests for care delivered in an alternative setting (school) totaled fifty six (56) Review Requests for the year.

44.04% of total PDN/PCS reviews were denied.

PDN/PCS Reviews by Review Type

Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% Total Reviews Denied
Admission	1967	1211	61.57	1104	91.16	56.13
Continued stay	4296	2134	49.67	1715	80.37	39.92
Modification of an existing PA number	1082	579	53.51	414	71.50	38.26
Retrospective	3	0	0.00	3	0.00	100.00
Total	7348	3924	53.40	3236	82.47	44.04

Criteria: Based on review complete date

PDN/PCS Reviews by Item Type

Item Type	Line Item Reviews Completed	Total Units Approved	Total Units Denied	# Beneficiaries
HHA	15487	2111799	1501363	3722
RN	1141	428223	320863	384
LPN	10764	5024063	999216	3142

Criteria: Based on review complete date

PDN/PCS Prior Authorization Requests for Maintenance Services

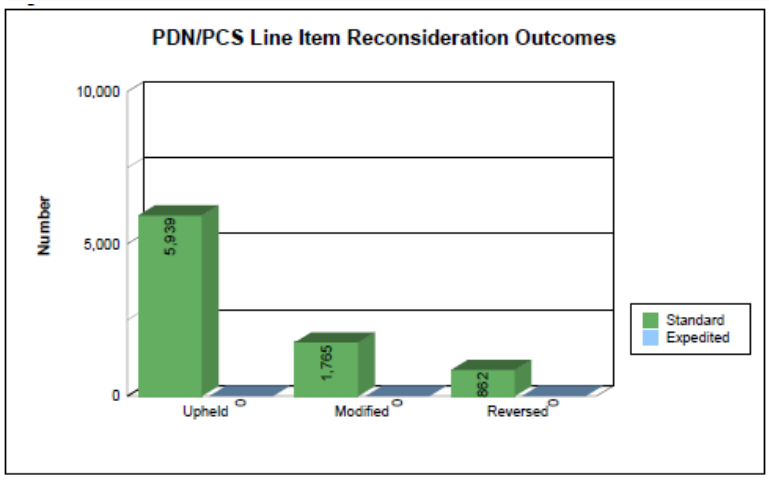
Service Type	Reviews Completed	Total Units Approved on Reviews	Total Units Denied on Reviews	# Beneficiaries
Skilled	3668	5120166	1462954	3572
ADL	4936	5126641	1973955	4811

Criteria: Based on review complete date

PDN/PCS Prior Authorization Requests for Care in Alternative Setting

Service/Setting	Reviews Completed	Total Units Approved on Reviews	Total Units Denied on Reviews	# Beneficiaries
School	56	61498	7532	55

Criteria: Based on review complete date



eQHealth Solutions completed a total of 1805 PPEC Review Requests. Of this total twenty three (23) or 1.27% were referred for Physician Review (PR). Of the twenty three (23) reviews referred for Physician Review (PR), twenty (20) or 86.96% were fully or partially denied. Additional detail regarding Reconsideration Outcomes and Item Type is presented in the charts below.

1.11% of total PPEC reviews were denied.

PPEC Reviews by Review Type

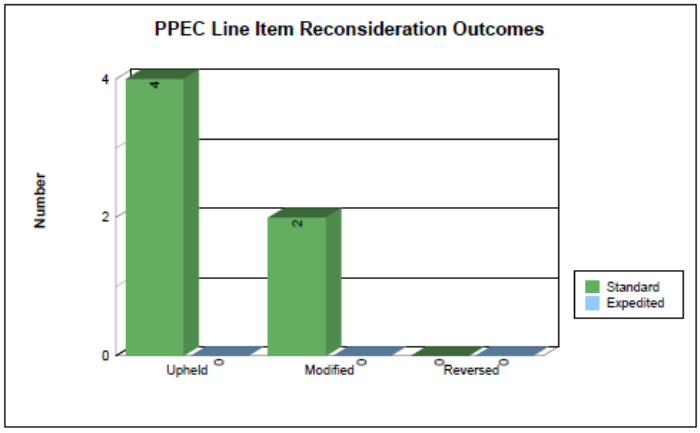
Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% Total Reviews Denied
Admission	1376	18	1.31	16	88.89	1.16
Continued stay	413	5	1.21	4	80.00	0.97
Modification of an existing PA number	16	0	0.00	0	0.00	0.00
Retrospective	0	0	0.00	0	0.00	0.00
Total	1805	23	1.27	20	86.96	1.11

Criteria: Based on review complete date

PPEC Reviews by Item Type

Item Type	Line Item Reviews Completed	Total Units Approved	Total Units Denied	# Beneficiaries
PPEC Full day Service	1808	230631	2156	1790
PPEC Part day Service	1808	922491	8624	1790

Criteria: Based on review complete date



eQHealth Solutions completed a total of 63,814 Therapy Services Review Requests. Of this total 1,238 or 1.94% were referred for Physician Review (PR). Of the 1,238 reviews referred for Physician Review (PR), 970 or 78.35% were fully or partially denied.

Therapy Services Review Requests for "Maintenance Services" included 1,278 Review Requests for physical therapy, 1,547 for occupational therapy and 2,540 for speech therapy-individual/groups. Additional detail regarding Reconsideration Outcomes and Item Type is presented in the charts below.

1.52% of total Therapy Services Review Requests were denied.

Therapy Reviews by Review Type

Review Type	# Reviews Completed	# PR Reviews	% PR Reviews	# Referrals Denied	% Referrals Denied	% Total Reviews Denied
Admission	35856	486	1.36	382	78.60	1.07
Continued stay	27477	713	2.59	568	79.66	2.07
Modification of an existing PA number	344	35	10.17	17	48.57	4.94
Retrospective	137	4	2.92	3	75.00	2.19
Total	63814	1238	1.94	970	78.35	1.52

Criteria: Based on review complete date

Therapy Reviews by Item Type

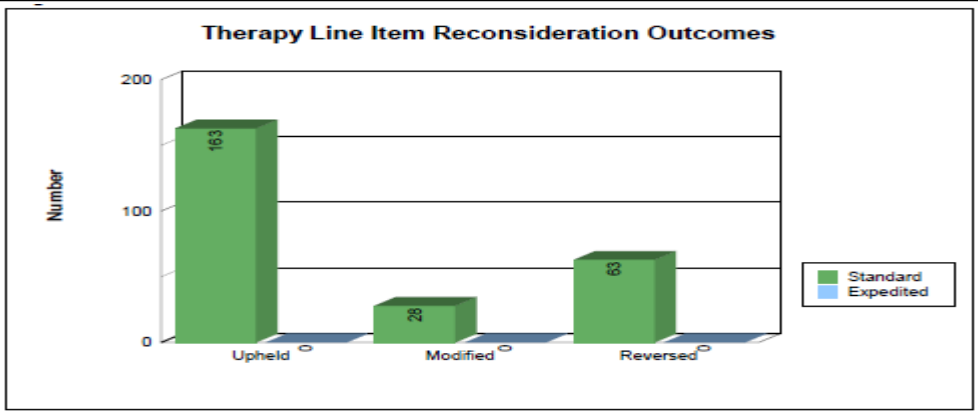
Item Type	Line Item Reviews Completed	Total Units Approved	Total Units Denied	# Beneficiaries
PT Treatment	15316	2119818	28632	14710
OT Treatment	19436	3396332	34630	18506
Speech Therapy/Group Speech Therapy	30756	5777232	48276	29658

Criteria: Based on review complete date

Therapy Prior Authorization Requests for Maintenance Services

Service Type	Reviews Completed	Total Units Approved on Reviews	Total Units Denied on Reviews	# Beneficiaries
PT Treatment	1278	176669	2275	1269
OT Treatment	1547	271992	2210	1545
Speech Therapy/Group Speech Therapy	2540	454937	3095	2527

Criteria: Based on review complete date



Health Care Acquired Conditions (HCAC / OPPC)

Health Care Acquired Condition's or Other Provider Preventable Condition (HCAC /OPPC) New Format and Reporting Requirements were implemented this calendar quarter.

During May and June 2012, eQHealth Solutions reviewed the following reported Health Care Acquired Condition's or Other Provider Preventable Condition (HCAC /OPPC). As indicated on the previous reports a total of twenty-five (25) reported occurrences.

Note: For detailed information regarding HCAC / OPPC's – please refer to Report 106 for months of May and June, 2012 as the information would be duplicated here.

Physician Reviewer Attempts to Contact Treating Provider

During the contract year, Physician Reviewers logged attempted contact with the treating or attending provider prior to issuing an adverse determination for the review request, as summarized in the chart below.

Physician Reviewer Attempts to Contact Treating or Attending Physicians
Total attempts for the quarter: Inpatient – Med/Surg/Rehab = 7,791
Total attempts for the quarter: Home Health Services = 1,400
Total attempts for the quarter: PDN/PCS = 3,723
Total attempts for the quarter: PPEC = 22
Total attempts for the quarter: Therapy Services = 1,037

Note: For detailed and specific information – please refer to quarterly reports for September, December, 2011 and March, June, 2012 as this information would be duplicated.

Changes in Key Staff Positions

eQHealth Solutions experienced the following changes in the Key Staff Positions during the contract year: July 2011 – June 30, 2012. All other Key Staff Positions have remained unchanged since the initiation of contract services – June 1, 2011.

Name	Title / Position	Date of Change	Date of Written Notification to Agency
Melanie Clyatt	Director – Home Health Review Services	06/14/11	06/14/11
Ana Mieres	Director – Therapy Review Services	07/29/11	07/29/11 08/01/11 – AHCA Approval
Sheri Dunn	Director – Home Health Review Services	08/29/11	08/26/11 08/29/11 – AHCA Approval
Pat Ryan	Director of Operations	11/01/11	11/01/11
Ron Breitenbach	Contract Compliance Officer	11/01/11	11/01/11

Quality Concerns Identified

Report: A list of quality concerns identified in reviewing prior authorization requests

Quality Concern	Date Identified
N/A	

Comprehensive Monitoring Program – Miami/Dade

During the first year of the contract, eQHealth Solutions completed 4,404 on-site home visits to home health recipients in the Miami/Dade area for the Comprehensive Care Monitoring program.

Of this total 3,781 or 85.8% were fully approved for Home Health Aide (HHA) visits- unassociated with a skilled nursing service (T1021). 202 or 4.6% was fully denied for this service request and 342 or 7.7% received partial approval.

On a statewide basis – 1,836,462 home health visits (T1021 with "GY" or no modifier) were requested and 1,659,104 visits were approved which represents a 7.9% denial rate.

Miami - Dade Home Visits		
4,404 Total On-Site Home Visits to Recipients		
3,781	85.8%	recipients w/ fully approved request
202	4.6%	recipients w/ fully denied request
342	7.7%	recipients w/ partial approval
54	1.2%	awaiting supporting documentation
30	.68%	reconsideration is complete
Home Health Aide Visits Statewide (T1021 with "GY" or no modifier)		
Total Visits Requested:	1,836,462	
Total Visits Approved:	1,659,104	
Total Visits Denied:	145,958	7.9%

Internal Quality Control (IQC)

IQC monitoring is based upon the compilation of ten (10) reviews or cases per individual clinical reviewer per month, randomly selected by eQSuite™'s reporting system. Specific criteria are established and used to monitor compliance and quality of each clinical reviewer's performance. A passing score of 90% or greater is required.

When this is not achieved, appropriate steps are taken to systematically address performance issues as follows:

- The IQC Committee requests a recommendation from the appropriate manager/supervisor or director regarding appropriate action(s), which may include:
  - An increase in the cases monitored until an acceptable level of performance is achieved and maintained.
  - Establishing and monitoring a Performance Improvement Plan (PIP) for the individual staff member.
- During each monitoring period, our Quality Nurse Specialists and/or Program Specialists complete the required program activity for both the validation review cases and the inter-rater reliability cases and reports the results to the appropriate manager, supervisor or director.
- Individual results are given to the staff member by their immediate supervisor. Both positive and negative feedback is provided in a timely manner. The individual is provided the opportunity to provide written feedback and request discussions or additional training, as necessary.

DEPARTMENT	1st QTR Jul-Sep 2011	2nd QTR Oct-Dec 2011	3rd QTR Jan-Mar 2012	4th QTR Apr-Jun 2012	AVERAGE %
2nd Level Reviewers - Adult	97.0%	94.9%	96.8%	98%	96.68%
# of reviewers	23	23.7	24	25	23.93
2nd Level Reviewers – Pediatric	95.4%	95.9%	98.1%	98.8%	97.05%
# of reviewers	12	12.7	11	13	12.18
Inpatient	96.29%	98.1%	99.1%	99.5%	98.25%
# of reviewers	22	24.3	24.7	19.6	22.65
NICU	98.50%	100%	100%	100%	99.63%
# of reviewers	2	2	2	2	2
Inpatient Multiple Service	96%	99.2%	99.98%	100%	99.73%
# of reviewers	1	2	2	1.3	1.77
PDN/PCS	N/A	98.3%	99.15%	99.6%	99.02%
# of reviewers	N/A	5.3	6.3	6.3	5.97

DEPARTMENT	1st QTR Jul-Sep 2011	2nd QTR Oct-Dec 2011	3rd QTR Jan-Mar 2012	4th QTR Apr-Jun 2012	AVERAGE %
PPEC	N/A	99.4%	100%	100%	99.8%
# of reviewers	N/A	2	1.3	1.6	1.63
Home Health – Tampa	98.38%	98.7%	99.85%	99.6%	99.13%
# of reviewers	13	6	5	4.6	7.15
Home Health – Miami	99.20%	98.6%	99.34%	99.4%	99.12%
# of reviewers	10	14	8	9.7	10.43
Miami RN Visit	95.67%	97.5%	99.7%	100%	98.22%
# of reviewers	6	6.3	5.7	7	6.25
Miami-Dade Multiple Service	97.58%	98.4%	99.8%	100%	99.45%
# of reviewers	6	6.3	4.3	6.5	5.78
ALTMiami-Dade PDN/PCS	N/A	N/A	100%	N/A	100%
# of reviewers	N/A	N/A	1	N/A	1
Therapies	N/A	*98.5%	98.9%	100%	99.1%
# of reviewers	N/A	26	24.7	22.7	24.47
Intake	100%	100%	100%	100%	
# of reviewers	N/A	8	7	6.7	7.23
Mail Room	N/A	100%	90%	100%	96.7%
5 reviews/4 times per month	N/A	17.5	20	20	19.4

* For April 2012, all 1st Level RN Home Visit Reviews for Miami were performed on HH tool to accommodate the "Validation Visit Pilot" project.

Appendix B – Estimated Cost Savings

Estimated direct and indirect cost savings are based on eQSuite™ review data and per diem (IPT) or visit/unit costs (OPT) provided by AHCA. Savings are calculated as follows:

IPT Estimated Cost Savings= Direct cost savings from days denied+ Savings from ALTR days

OPT Estimated Cost Savings = Direct cost savings from visits/units denied

Calculation of Estimated Direct Cost Savings

Estimated direct cost savings are based on the number of days, visits, or units denied after reconsideration, but before appeals and fair hearings:

IPT Estimated Direct Cost Savings= Post Recon Days Denied X Cost per diem

OPT Estimated Direct Cost Savings = Post recon= Post recon visits/units denied X visit/unit cost

Calculation of IPT ALTR Days

In IPT, Approved Less Than Requested (ALTR) Days translate into additional savings. ALTR savings are based on post-recon not denied concurrent reviews (Admission, CS).

Savings from ALTR days = Post Recon ALTR Days X Cost per diem

In summary:

Days ALTR are the difference between the maximum stay projected given the requested days (adjusted by certified days) and the maximum stay certified. Algorithm:

1. Count days for any admission where the requestor asked for an ending last date requested that exceeded the final last date certified.
2. For each review segment determine the last date requested and certified based on the original admission date, number of days certified to date and how many additional days the requestor is asking for at the time of the review.
3. Days ALTR = Last date requested – Last date certified

Example 1: Admit Date = 5/3/03 Cumulative Days Certified = 10

Requested Days	Certified Days	Last Date Requested	Last Date Certified	Days ALTR (If patient was discharged on Last Date Certified)
3	2	5/5/03	5/4/03	5/5 – 5/4 = 1 day ALTR
5	5	5/9/03	5/9/03	5/9 – 5/9 = 0 days ALTR
15	3	5/24/03	5/12/03	5/24-5/12 = 12 days ALTA

The Last Date Requested is 5/24/03. Last Date Certified is 5/12/03. Therefore, 12 days ALTR would be used in the savings calculation.

Example 2: Admit Date = 5/3/03 Cumulative Days Certified = 10

Requested Days	Certified Days	Last Date Requested	Last Date Certified	Days ALTR (If patient was discharged on Last Date Certified)
15	3	5/17/03	5/5/03	5/17 - 5/5 = 12 days ALTR
5	5	5/10/03	5/10/03	5/17 - 5/10 = 7 days ALTR
3	2	5/13/03	5/12/03	5/17-5/12 = 5 days ALTA

The Last Date Requested is 5/17/03. Last Date Certified is 5/12/03. Therefore, 5 days ALTR would be used in the savings calculation.

Example 3: Admit Date = 5/3/03 Cumulative Days Certified = 10

Requested Days	Certified Days	Last Date Requested	Last Date Certified	Days ALTR (If patient was discharged on Last Date Certified)
5	3	5/7/03	5/5/03	5/7 – 5/5 = 2 days ALTR
4	3	5/9/03	5/8/03	5/9 – 5/8 = 1 day ALTR
3	2	5/11/03	5/10/03	5/11 – 5/10 = 1 day ALTR
2	2	5/12/03	5/12/03	5/12-5/12 = 0 days ALTA

The Last Date Requested is 5/12/03. Last Date Certified is 5/12/03. Therefore, 0 days ALTR would be used in the savings calculation.

Appendix C – Unit Rates Used For Savings Calculations

The following rates have been used for calculating cost savings based on days denied and ALTR, visits denied and units denied:

- AHCA recommended using the average inpatient per diem rate of $1,095.48
- The following OPT rates have been approved by AHCA:

Outpatient Reimbursement Rates							
Service	Item Code	Modifier 1	Modifier 2	Label	Unit Type	Rate (per unit) FY11	Rate (per unit) FY12
						Handbook Rate	Handbook Rate
Home Health Visits							
H	T1030			RN visit	visit	$31.04	$31.04
H	T1030	GY		RN visit to a dually eligible recipient	visit	$31.04	$31.04
H	T1031			LPN visits	visit	$26.19	$26.19
H	T1031	GY		LPN visits to a dually eligible recipient	visit	$26.19	$26.19
H	T1021	TD		HH aide visit-associated with a skilled nurse	visit	$17.46	$17.46
H	T1021	TD	GY	HH aide visit-associated with a skilled nurse; dually eligible recipient	visit	$17.46	$17.46
H	T1021			HH aide visit-unassoc iated with a skilled service	visit	$17.46	$17.46
H	T1021	GY		HH aide visit-unassociated with a skilled nurse dually eligible recipient	visit	$17.46	$17.46

Outpatient Reimbursement Rates							
Service	Item Code	Modifier 1	Modifier 2	Label	Unit Type	Rate (per unit) FY11	Rate (per unit) FY12
						Handbook Rate	Handbook Rate
PDN							
PDN	S9123			PDN by RN (2-24 hrs/day) (to one person)	hour	$29.10	$29.10
PDN	S9123	TT		PDN by RN (2-24 hrs/day) > 1 recip in same setting	hour	$29.10	$29.10
PDN	S9123	UF		PDN by RN (2-24 hrs/day) > 1 provider same setting	hour	$29.10	$29.10
PDN	S9124			PDN by LPN (2 to 24 hours per day)	hour	$23.28	$23.28
PDN	S9124	TT		PDN by LPN (2-24 hrs/day) < 1 recip same setting	hour	$23.28	$23.28
PDN	S9124	UF		PDN by LPN (2-24 hrs/day) >1 provider same setting	hour	$23.28	$23.28
PCS							
PCS	S9122			PCS rendered by a home health service provider (2-24 hrs/day)(to one person)	hour	$15.00	$15.00
PCS	S9122	TT		PCS rendered by a home health service provider (2-24 hrs/day) > 1 recipient in the same setting	hour	$15.00	$15.00

Outpatient Reimbursement Rates							
Service	**Item Code**	**Modifier 1**	**Modifier 2**	**Label**	**Unit Type**	**Rate (per unit) FY11**	**Rate (per unit) FY12**
						Handbook Rate	**Handbook Rate**
PCS	S9122	UF		PCS rendered by a home health service provider aide (2-24 hrs/day) >1 provider same setting	hour	$15.00	$15.00
Therapy							
Therapy	97110			Physical Therapy Treatment	15 minutes = 1 unit	$16.97	$16.97
Therapy	97530			Occupational Therapy Treatment	15 minutes	$16.97	$16.97
Therapy	92507			Speech Therapy	15 minutes = 1 unit	$16.97	$16.97
Therapy	92508			Group Speech Therapy * **Group limited to 6 children; All children do not have to be Medicaid recipients.)*	15 minutes = 1 unit	$ 3.30 (per child)*	$ 3.30 (per child)*
Therapy	97110	HM		Physical Therapy Provided by a Physical Therapy Assistant	15 minutes = 1 unit	$13.58	$13.58
Therapy	97530	HM		Occupational Therapy Provided by an Occupational Therapy Assistant	15 minutes = 1 unit	$13.58	$13.58
Therapy	92507	HM		Speech Therapy Provided by a Speech Therapy Assistant	15 minutes = 1 unit	$13.58	$13.58
Outpatient Reimbursement Rates							

Service	Item Code	Modifier 1	Modifier 2	Label	Unit Type	Rate (per unit) FY11	Rate (per unit) FY12
						Handbook Rate	Handbook Rate
PPEC							
PPEC	T1025			Full-Day PPEC Services (over four hours, up to twelve hours per day)	day	$176.05	$176.05
PPEC	T1026			Partial-Day PPEC Services four hours or less per day billed in units of one hour (A minimum of 15 minutes of service is required to round up to a full hour.)	Hour (up to four billed hours)	$22.67	$22.67